

# Inspector General

United States  
Department *of* Defense

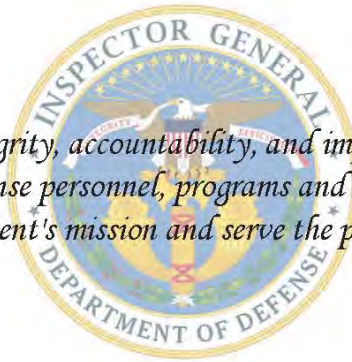


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INSPECTOR GENERAL  
DEPARTMENT OF DEFENSE  
400 ARMY NAVY DRIVE  
ARLINGTON, VIRGINIA 22202-4704

FEB 25 2010

MEMORANDUM FOR UNDER SECRETARY OF DEFENSE FOR PERSONNEL AND  
READINESS  
CHIEF OPERATING OFFICER, ARMED FORCES RETIREMENT  
HOME

SUBJECT: Inspection of the Armed Forces Retirement Home (Report No. IE-2010-002)

We are providing this report for information and use. We considered management comments to a draft of this report in preparing this final report.

We requested and received comments from The Under Secretary of Defenses for Personnel and Readiness and the Chief Operation Officer, Armed Forces Retirement Home. Management generally concurred with the observations, findings and recommendations contained in this report. For three recommendations in which management was not in full concurrence, management's actions and intentions were considered adequate to address the spirit and intent of those recommendations. We consider managements stated course of action to be responsive to this report and the recommendations provided.

We appreciate the courtesies extended to the staff. Please direct questions to Mr. Phil VanLandingham at (703) 604-8948 (DSN 664-8948) or Mr. Vincent M. Scott at (703) 604-9140 (DSN 664-9140).

A handwritten signature in black ink, appearing to read "C. Beardall", is positioned above the printed name.

Charles W. Beardall

Deputy Inspector General  
for Policy and Oversight

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# Results in Brief: Inspection of the Armed Forces Retirement Home

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## What We Did

Public Law (PL) 110-181 “National Defense Authorization Act for Fiscal Year 2008” revised title 24, United States Code, Chapter 10 (2006) “Armed Forces Retirement Home” to mandate that the Department of Defense Inspector General (DOD IG) conduct an annual inspection of the Armed Forces Retirement Home (AFRH), specifying in part:

“in any year in which a facility of the Retirement Home is not inspected by a nationally recognized civilian accrediting organization, the Inspector General of the Department of Defense shall perform a comprehensive inspection of all aspects of that facility, including independent living, assisted living, medical and dental care, pharmacy, financial and contracting records, and any aspect of either facility on which the Local Board for the facility or the resident advisory committee or council of the facility recommends inspection.”<sup>1</sup>

The legislation also specified that a Medical Inspector General designated by the Secretary of Defense would assist during the conduct of annual inspections. PL 110-181 eliminated the previous requirement for a triennial alternating military service Inspector General inspection of the AFRH. Due to current re-construction of the Armed Forces Retirement Home – Gulfport (AFRH [G]) facility subsequent to Hurricane Katrina, this inspection was limited to the management and facilities associated with the Armed Forces Retirement Home – Washington, D.C. (AFRH [W]). See Appendix A for project announcement.

The Office of Under Secretary of Defense for Personnel and Readiness (OUSD [P&R]) designated the Air Force Inspection Agency (AFIA) to provide medical inspection assistance for this inspection. Subsequently, the DOD IG entered into a memorandum of understanding (MOU) with AFIA to delineate each agencies role in the conduct of this inspection. See Appendix B for DOD IG/AFIA MOU.

In preparation for the inspection we initiated contact with the Chairman of the AFRH (W) Resident Advisory Committee, the Chairperson of the AFRH (W) Local Board of Trustees (Local Board), Deputy Director of the TRICARE Management Activity, and the military services to ascertain their concerns or desired focus areas for inclusion within our inspection’s scope. We received no input from the military services. We discussed the general scope of

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<sup>1</sup> Chapter 10, title 24, United States Code (2006) establishes the Armed Forces Retirement Home (AFRH) and identifies the Armed Forces Retirement Home, Washington, D.C. (AFRH [W]) and Armed Forces Retirement Home, Gulfport, Mississippi (AFRH [G]) as facilities of the AFRH. In this report, reference to AFRH applies to the homes overarching management at the Chief Operating Officer Staff level and AFRH (W) or AFRH (G) applies to specific facilities and/or specific facility level management.



inspection with the Chairman of the Resident Advisory Committee and the Deputy Director of the TRICARE Management Activity. We received specific written input from only the Local Board. See Appendix C for Local Board inspection areas of interest. Local Board interest items were addressed within the medical element of this inspection.

Based on discussions with OUSD (P&R), Chairman of the AFRH (W) Resident Advisory Committee, Deputy Director of the TRICARE Management Activity, written input received from the Chairperson of the Local Board, scope and results from the most previous triennial AFRH inspection, conducted by AFIA in 2005, we developed our scope and methodology for this inspection. We also included special interest areas of hotline and voting program reviews which were not a part of previous inspections. Our objectives and methodology are discussed in the following section (pages 1-3) of this report. Tabs A-N contains specific areas of inspection interest, discussion, findings and recommendations (if applicable).

In advance of the on-site phase of the inspection, we conducted focus groups consisting of residents and staff members to ascertain their perceived quality of life for the residents, and the quality of work life for the staff. See Tab N for focus group overview summary.

Upon review of all relevant research data obtained, we conducted an on-site inspection and review of the AFRH management programs, the AFRH medical programs, and facilities of AFRH (W) during the week of September 14-18, 2009.

## **What We Found**

In general, we found AFRH to be well managed, and the residents as well as the staff pleased to be affiliated with AFRH (W). However, we noted several areas where focused management attention would enhance and improve the AFRH programs, operations, and material condition of facilities. We also discovered the current statutory language germane to AFRH and the senior management federal alignment to be vague, confusing, and in some areas seemingly contradictory – resulting in uncertainty as to applicable governance directives and AFRH compliance requirements. We further noted that the evolution of 24 U.S.C. Chapter 10 (2006) legislation has resulted in the duplication of assessment and inspection mandates on multiple agencies and advisory entities associated with the AFRH. In reviewing compliance with these inspection and assessment mandates, we concluded that neither the Deputy Director of the TRICARE Management Activity (in the capacity of AFRH Senior Medical Advisor) nor the AFRH Local Board were currently providing the level of advice and oversight expected from their respective roles, as delineated in 24 U.S.C. Chapter 10 (2006), as amended by PL 110-181. Elaborative discussions, finding and recommendations are contained in Tabs A-N of this report.

## **Management Comments**

We received management comments from OUSD (P&R) and the AFRH in reply to a formal draft report of this inspection. Management concurred with all recommendations except: A-8, E-1 and I-3. Although management did not specifically concur with aforementioned three recommendations, management's stated actions in review and resolution of the related findings met the spirit and intent of recommendations offered. Management comments are contained in Appendix E and F. No further management comments are required.

## Recommendations

**Table 1. Recommendations**

Management	Recommendations Requiring Comment
Office of Under Secretary of Defense (Personnel and Readiness)	A-2, A-3, A-4, A-5, A-6, A-7, A-8, A-9 I-2
Armed Forces Retirement Home	A-1, A-2, B-1, B-2, C-1, C-2, D-1, D-2, E-1, F-1, G-1, G-2, H-1, H-2, H-3, H-4, I-1, I-3, I-4, I-5

### List of Recommendations:

A-1: The Armed Forces Retirement Home Chief Operating Officer should establish a more formalized and recurring AFRH facility inspection protocol, with recorded documentation of observations and corrective actions.

A-2: The Armed Forces Retirement Home and the Office of Under Secretary of Defense (Personnel and Readiness) should consider the benefits of improving some residents' perceptions of management and their morale now negatively affected by the lack of a uniformed military presence in AFRH (W) management infrastructure (Deputy Director). If not considered prudent or feasible, the AFRH (W) and OUSD (P&R) should seek relief from 24 U.S.C. § 417 (2006) Deputy Director requirement for AFRH (W).

A-3: OUSD (P&R) should provide the Local Board of the AFRH (W) with guidance related to their duties as delineated by 24 U.S.C. § 416 (2006), as amended by PL 100-181, and direct the Local Board of AFRH (W) to engage the AFRH management in a proactive guidance and advisory role.

A-4: The Under Secretary of Defense (Personnel and Readiness) should establish a management protocol to ensure that the Local Board of AFRH (W) proactively participates in an annual AFRH (W) assessment or causes the annual assessment to be conducted by an independent assessment body.

A-5: The Under Secretary of Defense (Personnel and Readiness) should ensure that the Deputy Director of the TRICARE Management Activity carries out the legislated role of AFRH Senior Medical Advisor. USD (P&R) should direct the Senior Medical Advisor to schedule AFRH (W) for recurring dedicated inspections of the medical facilities and medical operations to include an audit of medical records and administration.

A-6: The Under Secretary of Defense (Personnel and Readiness) should determine, clarify, and define management alignment and appropriate policy and governance oversight authorities for



the AFRH. If warranted, OUSD (P&R) should seek legislation to aid in establishing clear authorities.

A-7: The Under Secretary of Defense (Personnel and Readiness) should promulgate all desired DOD guidance deemed applicable to AFRH.

A-8: The Under Secretary of Defense (Personnel and Readiness) should ensure coordinated non-reimbursable DOD legal support for AFRH and require that AFRH obtain its legal advice through one designated legal office.

A-9: The Under Secretary of Defense (Personnel and Readiness) should review annual and periodic inspection requirements contained within 24 U.S.C. § 411, 416, 418 and new section (413a) provided in Public Law 110-181, to determine the most effective and beneficial source and timing of AFRH oversight inspections. USD (P&R) should also seek modifications to 24 U.S.C. Chapter 10 (2006), as amended by PL 110-181, as necessary to provide the most effective and efficient inspection oversight.

B-1: The Armed Forces Retirement Home Chief Operating Officer should establish prescribed rules through formal policy and guidance to determine resident eligibility as required by 24 U.S.C. § 412 (2006).

B-2: The Armed Forces Retirement Home should conduct background checks on approved residents with reporting dates to ensure eligibility requirements are met as prescribed by 24 U.S.C. § 412 (2006).

C-1: The Armed Forces Retirement Home, Washington, D.C., should comply with the D.C. Fire Marshal's recommendations and the Chief of Campus Operations maintenance projections (November 2009) to replace 10 broken fire hydrants and repair 13 other identified fire hydrants.

C-2: The Armed Forces Retirement Home, Washington, D.C., should replace or repair the leaking water pipelines per the Chief of Campus Operations stated plan of action (November 2009).

D-1: The Armed Forces Retirement Home should review and ensure compliance with the information assurance policies as set forth in the AFRH Information Security Manual.

D-2: The Armed Forces Retirement Home should ensure compliance with established information security policy at AFRH (W), and contractors' sites where AFRH servers and information are stored and hosted

E-1: The Armed Forces Retirement Home, Washington, D.C., should survey all residents, including LaGarde residents, to determine the demand for weekend off-site activities and trips. If sufficient demand exists, AFRH (W) should investigate alternatives for increasing the schedule of weekend off-site activities and the supporting staff or volunteers that are required to accommodate all residents, regardless of residence category.

F-1: The Armed Forces Retirement Home, Washington, D.C., should ensure recurring and timely employee performance evaluation and counseling. Emphasize to managers and supervisors, on an ongoing basis, the importance of regular performance feedback and formal progress reviews.

G-1: The Armed Forces Retirement Home should, in conjunction with the Bureau of Public Debt, ensure that quality assurance actions are consistently documented.

G-2: The Armed Forces Retirement Home should, in conjunction with the Bureau of Public Debt, develop a joint Contracting Officer Technical Representative policy that is consistent with existing directives.

H-1: The Armed Forces Retirement Home should determine appropriate jurisdiction for AFRH (W) security operations that involve potential law enforcement type activities and perform a comprehensive review of the current status of all AFRH (W) standard operating procedures and issue formal guidance commensurate with authority allowed by public law and regulation.

H-2: The Armed Forces Retirement Home, Washington, D.C., should conduct a thorough security assessment of the AFRH (W) campus with the requisite technical and professional expertise for assessing security needs of federal facilities for non-military use. The assessment should incorporate as a factor, the legal and statutory limitation applicable to AFRH (W) security personnel in the performance of their official duties.

H-3: The Armed Forces Retirement Home, Washington, D.C., should engage other federal and local agencies and local security or policing support to enter into written support agreements.

H-4: The Armed Forces Retirement Home, Washington, D.C., should develop security performance measures and implement recurring test analysis to validate effectiveness of security procedures.

I-1: The Armed Forces Retirement Home, Washington, D.C., should assess the effect that the vacancy of the Chief of Healthcare Services position has had on Medical Executive Committee documentation and standardization deficiencies, and prioritize the necessary personnel or organizational resolution to rectify the extended vacancy.

I-2: The Under Secretary of Defense (Personnel and Readiness) should direct the Senior Medical Advisor (Deputy Director TMA) to determine, in consultation with the Armed Forces Retirement Home Chief Operating Officer and Medical Director, an appropriate practice for supplementing Commission on Accreditation of Rehabilitation Facilities (CARF) accreditation through a focused, ongoing clinical review and oversight element.

I-3: The Armed Forces Retirement Home, Washington, D.C., should establish formal dental referral and coordination affiliations through Memoranda of Understanding with local community and DOD facilities.

I-4: The Armed Forces Retirement Home, Washington, D.C., should ensure that all clinical care provider group services, assessments, and activities are incorporated into Medical Executive Committee meetings and minutes.

I-5: The Armed Forces Retirement Home, Washington, D.C., should establish a formal process for ensuring communication and coordination among activities across the Healthcare and Administrative services to ensure that required actions on risk management, incident reporting, and wheelchair movement accessibility are addressed.

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# Introduction

Public Law (PL) 110-181, “National Defense Authorization Act for FY 2008,” section 1422, amends several sections of the Armed Forces Retirement Home Act of 1991, title 24, United States Code, chapter 10 (24 U.S.C. [2006]), “Armed Forces Retirement Home.” Specific modifications to section 418, title 24 United States Code (24 U.S.C § 418 [2006]) legislates that the Inspector General of the Department of Defense (DOD IG) will inspect the Armed Forces Retirement Home (AFRH), and states in part:

“in any year in which a facility of the Retirement Home is not inspected by a nationally recognized civilian accrediting organization, the Inspector General of the Department of Defense shall perform a comprehensive inspection of all aspects of that facility, including independent living, assisted living, medical and dental care, pharmacy, financial and contracting records, and any aspect of either facility on which the Local Board for the facility or the resident advisory committee or council of the facility recommends inspection.”

The amendment further directs that the Secretary of Defense will designate a medical inspector general of a military department to assist the DOD Inspector General during the inspection. For this inspection, the Air Force Inspection Agency was designated to provide medical inspection expertise and assistance.

## Objectives

The Office of the Assistant Inspector General for Inspections and Evaluations announced the project on May 1, 2009 (see Appendix A). We reviewed 24 U.S.C. Chapter 10 (2006), as amended by PL 110-181, inspection parameters and previous inspection areas as established for the AFIA 2005 inspection of the Armed Forces Retirement Home. In February 2009, we met with a representative of OUSD (P&R) to discuss the intended scope of inspection areas to be included in the DOD IG inspection. The following general inspection areas were agreed upon:

- Senior Management
- Admissions/Eligibility
- Facilities Engineering and Safety
- Information Security
- Recreation Services (Resident Services)
- Human Resources Management
- Contracting
- Security
- Medical
  - Physical Therapy
  - Dental Care
  - Pharmacy Operations

- Disposition of Effects
- Hotline Activity
- Voting
- Finance

## Methodology

We began the research phase of this project on January 5, 2009. The purpose of our research assessment was to gather information to assist in developing the depth and scope of our inspection objectives. We met with representatives of the OUSD (P&R), TRICARE Management Activity, AFRH, AFRH (W), and the AFRH (W) Resident Advisory Council. In addition, we discussed inspection intent and interest areas via correspondence with the Chairperson of the Local Board of Trustees for the Armed Forces Retirement Home (W).

The team developed an inspection criteria guide list to address compliance with relative Federal law and regulations for each inspection focus area.

We formally announced the inspection on May 1, 2009. Seventeen Focus Group/Sensing Sessions with residents and staff were conducted from August 3-11, 2009, to determine concerns and/or areas of inspection focus that should be added to the Inspection Design Plan. Resident and staff satisfaction with AFRH management and the services it provided were also assessed. Additional inspection interest areas generated from the Focus Group/Sensing Sessions were shared with AFRH leadership prior to commencement of the on-site inspection. The areas were later validated during the on-site inspection.

The on-site inspection of AFRH (W) was conducted from September 14-18, 2009. In our review, we interviewed key AFRH and AFRH (W) management and staff points of contact for each inspection element delineated in the inspection scope and objectives. We focused on the overall administration and management of AFRH and AFRH (W), in addition to reviewing medical, dental, pharmacy operations and resident satisfaction with services provided by AFRH (W). We inspected the records of AFRH and AFRH (W) to ensure compliance with applicable laws and regulations pertaining to each area delineated in the inspection scope and objectives. Throughout the conduct of the Inspection we observed resident interaction with staff, staff conduct, and management interaction with staff and residents to assist in our analysis of the overall quality of work and residential life.

We also reviewed and verified AFRH and AFRH (W) compliance with outstanding actions related to recent government reviews, including Defense and AFRH Hotline complaints, the Triennial AFRH Inspection conducted by the Air Force Inspection Agency (July 2005), and the recent CARF Quality Improvement Plan (2008). We also reviewed staff and resident satisfaction surveys conducted by the AFRH.

Subsequent to collation of initial research materials, on-site inspection data and additional post on-site inspections research information, an initial discussion report was prepared. Primary stakeholders were offered the opportunity to comment on the accuracy of our discussions,



observations and findings. A discussion conference was held on January 14, 2010. Comments and recommendations provided by all stakeholders were considered within the formal draft report. Management was offered a second opportunity to comment on the formal draft of this inspection report. Management comments were considered in this final report.

Our inspection was conducted in accordance with the standards established by the President's Council on Integrity and Efficiency (now the Council of the Inspectors General on Integrity and Efficiency) published in the *Quality Standards for Inspections*, January 2005.

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## Background

### The Armed Forces Retirement Home (AFRH)

The Soldiers' Home was established in 1851 for former enlisted soldiers, (airmen were added when the Air Force became a separate service), at its present location in Washington, D.C. A Navy retirement facility also opened in Philadelphia, Pennsylvania in 1834 to serve former enlisted sailors. The U.S. Naval Retirement Home moved to Gulfport, Mississippi, in the late 1960s.

In 1991, Congress incorporated the U.S. Naval Home in Gulfport, Mississippi, and the U.S. Soldiers' and Airmen's Home into an independent organization (the Armed Forces Retirement Home-AFRH).

By 2001, Congress renamed the U.S. Naval Home and the U.S. Soldiers' and Airmen's Home to the Armed Forces Retirement Home – Gulfport and the Armed Forces Retirement Home – Washington, D.C., respectively. Title 24, United States Code, Section 411 (24 U.S.C § 411 [2006]) establishes AFRH as an independent establishment under the Executive Branch, with two facilities – AFRH (W) and AFRH (G) – maintained as separate facilities of the Retirement Home. On August 29, 2005, Hurricane Katrina severely damaged the AFRH (G) home. Many of the residents were evacuated to AFRH (W) and currently remain there awaiting relocation to the new AFRH (G) facilities which are currently under construction.<sup>2</sup> Today, AFRH (W) serves approximately 1,000 residents.



Armed Force Retirement Home Aerial View  
(Source AFRH Photo Archive)

In 2008, PL 110-181 revised 24 U.S.C. § 418 (2006) requiring the Department of Defense Inspector General (DOD IG) to conduct annual inspections of AFRH in any year in which the Retirement Home was not inspected by a nationally recognized civilian accrediting agency. In 2008, AFRH (W) was inspected and received accreditation from the Commission of Accreditation of Rehabilitation Facilities (CARF). The inspection summary contained in this report was initiated to fulfill 24 U.S.C. § 418 (2006), as amended by PL 110-181, statutory DOD IG AFRH inspection requirements for 2009.

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<sup>2</sup> AFRH (G) reconstruction is scheduled to be completed in late 2010.

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# Results

## Tab A – Senior Management

### Overall Assessment

The Armed Forces Retirement Home (AFRH) Senior Management inspection addressed program management elements established by 24 U.S.C. Chapter 10 (2006), as amended by PL 110-181. The assessment of the Senior Management included a review of the qualifications, duties, and responsibilities of the AFRH Chief Operating Officer, AFRH (W) Director, Deputy Director, and Associate Director.<sup>3</sup> Also, reviewed were the roles, functions, and effectiveness of the Local Board of Trustees (Local Board), and the Deputy Director of the TRICARE Management Activity in the role as the AFRH Senior Medical Advisor (SMA). During research in preparation for the conduct of this inspection, we encountered significant challenges in determining the proper governing authority for programs and operations of the AFRH. We further noted that the evolution of 24 U.S.C. Chapter 10 (2006) legislation resulted in the duplication of assessment and inspection mandates on multiple agencies and advisory entities associated with the AFRH.



Sherman Building (AFRH)  
(Source AFRH Photo Archive)

Incumbents of Senior Management positions at AFRH and AFRH (W) were qualified for their respective positions. The position of Deputy Director of AFRH (W) was not filled.

The Local Board of Trustees (Local Board) is established under section 416, title 24 United States Code (24 U.S.C. § 416 [2006]). Title 24 U.S.C. § 416 (2006) establishes the Local Board as an advisory body; however the legislation also establishes the requirement for the Local Board to provide the AFRH Chief Operating Officer and AFRH (W) Director such direction and guidance as the Local Board considers appropriate. Title 24, U.S.C. § 416 (2006), as amended by PL110-181, also requires the Local Board to provide the USD (P&R) with an annual assessment of AFRH to include all aspects of the facility, including quality of care. Although the Local Board is conducting required semiannual meetings, our inspection found negligible

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<sup>3</sup> Section 411, title 24, United States Code (24 U.S.C § 411[2006]) establishes the AFRH as an independent establishment in the executive branch of federal government, further defining the AFRH(W) and the AFRH (G) as separate facilities/establishments of the AFRH. Due to the destruction AFRH (G) by Hurricane Katrina in 2005, this inspection only focused on the AFRH and the AFRH (W) facility.

indication of proactive Local Board activities to provide the ARFH with direction or guidance or to provide OUSD (P&R) with a vigorous annual assessment of the home.

The SMA is required to consult with and provide advice to the Local Board, periodically visit and inspect the medical facilities and operations of the retirement home and ensure compliance by the facilities of the retirement home with accreditation standards, applicable health care standards of the Veterans Administration and ensure timely availability of acute medical, mental and dental care at other facilities for that care not readily available at the retirement facility. At the time of the onsite phase of this inspection, the SMA had not been formally designated by the Secretary of Defense as required by 24 U.S.C. Chapter 10 (2006), as amended by PL110-181. We found no indication of proactive engagement by the current Deputy Director of TRICARE Management Activity to fulfill the role of AFRH SMA.

Throughout the conduct of this inspection, the inspection team was faced with confusing and seemingly contradictory indications of AFRH and AFRH management alignment within the Federal Government. These ambiguities resulted in significant challenges in determining which governance directives, policies and standard operating procedures from which to develop inspection criteria. Title 24, U.S.C. § 411 (2006) establishes AFRH as an independent government agency, yet section 415, title 24, United States Code (24 U.S.C. § 415 [2006]) legislates that the AFRH Chief Operating Officer is appointed by the Secretary of Defense. The AFRH solicited legal guidance from a DOD component legal office to ascertain applicability of DOD directives to the AFRH. The opinion received indicated that AFRH (as an independent agency) is not subject to DOD Instructions. Our review of that opinion indicated that such interpretation may be overbroad in that DoD policies specifically promulgated for AFRH under the auspices of 24 U.S.C. Chapter 10 (2006) would be binding on the AFRH.<sup>4</sup> The confusion in statutory alignment was also evident in the fact that AFRH had requested other legal opinions related to determining oversight authority regarding security and policing authority.

### **Chief Operating Officer**

Section 415, title 24, United States Code (24 U.S.C. § 415 [2006]) states in part that a Chief Operating Officer for AFRH shall be appointed by the Secretary of Defense. The Chief Operating Officer shall be a continuing care retirement community professional, have appropriate leadership and management skills, have expertise in the management of retirement homes and the provision of long-term medical care for older persons. Further, the Chief Operating Officer shall issue and ensure compliance with rules and regulations for the operation of the retirement home, periodically visit and inspect the facilities of the retirement home, periodically audit the accounts of the retirement home, and establish any advisory bodies considered to be necessary. Basic pay and bonuses of the Chief Operating Officer shall not exceed basic pay for Level I of the Executive Schedule.

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<sup>4</sup> We identified only one DOD Directive that is promulgated specifically for the AFRH and that Directive had been superseded by legislative mandates of PL 110-181. DOD Instruction 4161.03 *“Triennial Inspection of the Armed Forces Retirement Home”* dated June 26, 2006.

The current AFRH Chief Operating Officer was appointed in September 2002. A review of the incumbent's resume indicates he is fully qualified for the position as stipulated in 24 U.S.C § 415 (2006). Further review of the incumbent's personnel action records also shows that his compensation is within established limits.

The Chief Operating Officer has ensured that AFRH has established account audit protocol. As examples, AFRH has an independent accounting firm to conduct annual financial statement audits and has Memorandums of Agreements with other Agencies to provide audit of Welfare and Recreation funds.

The Chief Operating Officer stated that he had convened advisory bodies in the past; an example was the utilization of the U.S. General Services Administration to provide advice and counsel on real estate development matters and the use of Resident Committees to assist with Gulfport transition issues.

AFRH has issued appropriate rules and regulations in the form of Policy Statements, Agency Notices, and Agency Directives. The index of ARFH Agency Policy Statements and Directives dated September 14, 2009, reflected 54 active guidance documents addressing a broad spectrum of agency functions and activities. During an interview with the Chief Operating Officer, he stated that his preferred method of conducting inspections of the facilities was via direct interface, interpreted by inspectors as "management by walking around." The Chief Operating Officer indicated that when he noted a discrepancy or had a question, he immediately contacted the appropriate point of contact and ensured that the discrepancy or question was resolved to his satisfaction. The Chief Operating Officer indicated that due to the hands on nature of his inspection protocol, he did not have written documentation of specific inspection events.

Observation: The Chief Operating Officer office is located within the AFRH (W) facility. Although direct observation of AFRH (W) may provide required oversight and provide a vehicle to identify and correct deficiencies, a more formal and systematic inspection, with documentation of conduct is preferable. This observation will be particularly significant when AFRH (G) is reestablished and the Chief Operating Officer's sphere of responsibility increases considerably.

Finding: Chief Operating Officer was unable to provide documentation of facilities inspections conducted by his office.

Recommendation:

A-1: AFRH Chief Operating Officer should establish a more formalized and recurring AFRH facility inspection protocol, along with recorded documentation of observations and corrective actions.

#### **AFRH (W) Director, Deputy Director, and Associate Director**

Section 417, title 24, United States Code (24 U.S.C. § 417 [2006]) states in part that the Secretary of Defense shall appoint a Director, a Deputy Director, and Associate Director for each



facility of the home. The Director shall be a civilian with experience in continuing care retirement community or a member of the Armed Forces on active duty serving in a grade below Brigadier General or Rear Admiral (Lower Half). The Director of the Facility must have a certification as a retirement facilities director or be pursuing a course of study to receive certification as a retirement facilities director. The Deputy Director of the facility shall be a civilian with experience in continuing care retirement community professional or a member of the Armed Forces on active duty serving in a grade below Colonel or Captain (U.S. Navy). The Associate Director of the facility shall be a member of the Armed Forces serving on active duty in the grade of Sergeant Major or Master Chief Petty Officer or Chief Master Sergeant or a former service member retired in that grade and have appropriate leadership skills.

The current Director of AFRH (W) was appointed to that position in March 2008. A review of the incumbents resume indicates he is qualified for the position in accordance with 24 U.S.C § 417 (2006) requirements.

The current Associate Director of AFRH (W) was appointed in September 2004. The Associate Director fills the role of Ombudsman for AFRH (W). The incumbent is a retired Sergeant Major. The incumbent is qualified for the position of Associate Director in accordance with 24 U.S.C § 417 (2006) requirements.

The position of Deputy Director of AFRH (W) is not currently filled. The AFRH Chief Operating Officer stated that he did not believe that there was a management need to fill the position. He stated that management requirements/demands of AFRH (W) did not necessitate another layer of management and that filling the position would add an unnecessary layer of bureaucracy which may actually inhibit efficient and effective management.

Observation: We agree with the AFRH Chief Operating Officer's analysis of management need as related to the AFRH (W) Deputy Director position. Since the AFRH agency level management is co-located with AFRH (W) management, we concur that there is adequate management infrastructure in place to address all AFRH (W) management issues. However, filling the Deputy Director position with a uniformed military officer to serve in a capacity of military advisor may off-set some residents' stated concerns of a diminished military management presence. Furthermore, resident concerns reflect a perceived loss of esprit de corps that many residents have expressed an interest in recapturing (see Tab N-Focus Group and Individual Interviews). We believe that filling the Director and Associate Director positions with civilian professionals (with military background) is prudent and has provided valued AFRH (W) operational and fiscal management expertise. However, the complete absence of a uniformed military presence within the leadership infrastructure appears to have adverse consequences in how many residents view the management of the home in general. The opportunity to establish a visible military management affiliation within AFRH (W) could potentially resolve what many residents perceive as a decline in emphasis on military traditions.

Finding: The statutory position of Deputy Director for AFRH (W) is vacant.

## Recommendation:

A-2: AFRH and OUSD (P&R) should consider the benefits of improving some residents' morale and perceptions of management now negatively affected by the lack of a uniformed military presence in AFRH (W) management infrastructure (Deputy Director). If not considered prudent or feasible, AFRH (W) and OUSD (P&R) should seek legislative relief from the 24 U.S.C. § 417 (2006) Deputy Director requirement for AFRH (W).

## Local Board

The Local Board for AFRH (W) is established in accordance with 24 U.S.C. § 416 (2006) requirements. The eleven statutory Local Board positions are generally filled as required and incumbents have received appointment letters from the Secretary of Defense via OUSD P&R. Additional Local Board members have also been appointed and received appointment letters. A Chairman of the Local Board is in place; however, the incumbent received only a Local Board member appointment letter from OUSD (P&R), not specifically providing designation as Chairman. The current Local Board Chairperson stated that she assumed the role of Local Board Chairperson based as the ranking military individual assigned to the Local Board.

The 24 U.S.C. § 416 (2006) specified term of office for Local Board members is five years, with exceptions for active duty military members of the Local Board and provides guidance for emergent vacancies on the Local Board. We noted that appointment letters for Local Board members did not reference the five year term of office or an expiration date for term office.

Title 24, U.S.C § 416 (2006) stipulates that the Local Board shall serve in an advisory capacity to the Director of the facility and the Chief Operating Officer. Title 24 U.S.C § 416 (2006), as amended by PL110-181, further directs that the Local Board shall provide to the Chief Operating Officer and the Director of the facility such guidance and recommendations on the administration of the facility as the Local Board considers appropriate and not less than annually, the Local Board for a facility shall provide to the Under Secretary of Defense for Personnel and Readiness an assessment of all aspects of the facility, including the quality of care at the facility.

The Local Board is conducting semi-annual meetings; the most recent Local Board meetings were held in April 2009 and November 2008. During these meetings the Local Board received information briefings on the status of projects and proposals from AFRH leadership. Although minutes of Local Board meetings reflect some dialogue in the form questions from Local Board members and indicated Local Board concurrence with some issues, our interviews with several Local Board members found little indication of proactive engagement of the Local Board, as a whole, in strategic planning or overall management associated with AFRH (W).

The current Local Board Chairperson was appointed to the Local Board in April 2008. The Local Board Chairperson stated that upon assignment she advised in the development of more comprehensive and definitive documentation of Local Board meeting. The Local Board Chairperson also stated that based on her advice the AFRH (W) requested and participated in mock Commission on Accreditation of Rehabilitation Facilities (CARF) accreditation reviews, prior to formal evaluation which resulted in CARF certification in 2008. The incumbent Local

Board Chairperson also participated in a February 2009 review of patient discharge planning and continuation of care at the AFRH subsequent to discharge of residents/patients from Walter Reed Army Hospital. AFRH management stated that access to her as the Local Board Chairperson greatly facilitated the conduct of that review.

We interviewed seven additional members of the Local Board to determine their understanding of Local Board roles and responsibilities and to ascertain the Local Boards level of interface with AFRH and AFRH (W) management. All of the Local Board members interviewed were filling 24 U.S.C. § 416 (2006) statutory positions on the Local Board membership. Generally, all interviewees stated that their only significant interface with the AFRH (W) as a Local Board member was as an attendee at the semi-annual Local Board meetings hosted by AFRH (W). Interviewees generally agreed that Local Board meetings were informational meetings in which members of the AFRH management team provided status presentations on management issues or strategic plans. Interviewees generally stated that Local Board members were free to ask questions and make comments and in some briefings were asked to provide a concurrence on a particular issue, which can be found recorded in the minutes of Local Meetings we reviewed (April 2009 and November 2008). None of the interviewees recalled an occasion in which the Local Board offered proactive advice on issues of concern to the Local Board, nor did interviewees recall any time the Local Board did not concur with AFRH managements plans and projects. Local Board members interviewed all spoke favorably of the AFRH Chief Operating Officer and all opined that he had an excellent command of AFRH issues, projects, and plans. Local Board interviewees all indicated that there was negligible Local Board member interface, contact or discussions of any topic between board meetings or in preparation for Local Board meetings. Interviewees also indicated there was negligible contact between themselves and AFRH management between Local Board meetings, with the exception of receipt of AFRH event announcement invitations. Only two of the Local Board members interviewed stated they had visited AFRH (W) in any capacity, other than attendance at the Local Board meeting. AFRH executive leadership is viewed by the majority of Local Board members interviewed as the ultimate authority for all issues associated with the AFRH. As such, the Local Board has assumed a passive advisory role. If asked for guidance or advice by AFRH leadership, the Local Board would provide such. Otherwise, the Local Board limits advisory interface to asking questions of AFRH leadership during meeting briefs and providing a concurrence with AFRH goals and objectives. Although we noted no significant management issues with AFRH goals and objectives, we do not believe that the Local Board is fulfilling a vigorous advisory role. During an interview with the Chief Operating Officer, he stated that the level of interface from the Local Board was “about right” and that any additional interface may result in the Local Board becoming more of a governing body than an advisory body.

Title 24, U.S.C. § 416 (2006), as amended by PL 100-181, requires the Local Board to provide an annual assessment of the facility to OUSD (P&R). At the time of the on-site inspection, we were presented with a draft annual assessment that was reportedly under review by the Local Board Chairman for signature.<sup>5</sup> The draft report delineated the names of 10 Local Board members being associated with the assessment. However, during our interviews with Local Board

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<sup>5</sup> During and interview with the Chairman of the Local Board on October 29, 2009 we were advised that the AFRH annual assessment had been signed and was being forwarded to OUSD (P&R).

members, five of whose names were associated with the draft assessment report, all stated they did not participate in an AFRH (W) assessment and several interviewees indicated they did not know of the requirement for the Local Board to provide an annual assessment. We determined that the draft assessment provided was in essence an AFRH self assessment, which was provided to the Local Board Chairperson for comment or questions and subsequent signature. The assessment was not conducted by or a product of proactive Local Board activity.

Observation: The Local Board is generally unfamiliar with the requirements of 24 U.S.C. § 416 (2006), as amended by PL 100-181 and is passive in providing guidance and advice to the Director of the facility and Chief Operating Officer. If asked for advice, the Local Board would accommodate. However, AFRH management does not specifically ask for advice and little guidance and advice is offered by the Local Board. Although we did not find any significant concerns with AFRH management practices and philosophy, the Local Board was not found to be a significant factor in influencing AFRH management decisions. Although the Chairman of the Local Board is providing an assessment of AFRH to OUSD (P&R) as required by 24 U.S.C. § 416 (2006), as amended by PL 110-181, the Local Board did not conduct the assessment of AFRH (W) operations and quality of care provided at the facility.

Finding: The Local Board is not proactively engaged with AFRH (W) oversight and management and did not actively participate in the 2009 Annual Assessment of AFRH (W).

#### Recommendations:

A-3: OUSD (P&R) should provide the Local Board of the AFRH (W) with guidance related to their duties as delineated by 24 U.S.C. § 416 (2006), as amended by PL 100-181 and direct the Local Board of AFRH (W) to engage the AFRH management in a proactive guidance and advisory role.

A-4: OUSD (P&R) should establish management protocol to ensure the Local Board of AFRH (W) proactively participates in an annual AFRH (W) assessment or causes the annual assessment to be conducted by an independent assessment body.

#### Senior Medical Advisor

PL 110-181 revised 24 U.S.C § 413 (2006) to include establishment of an AFRH Senior Medical Advisor (SMA) position, legislating that the Secretary of Defense shall designate the Deputy Director of the TRICARE Management Activity as the AFRH SMA. The responsibilities of the SMA as delineated in the legislation include providing advice to the Under Secretary of Defense for Personnel and Readiness and the Chief Operating Officer regarding the direction and oversight of the provisions of medical, preventive mental health, and dental care at each facility of the AFRH. The SMA shall also provide advice to the Local Board regarding all medical and medical administrative matters of the facility. A synopsis of delineated duties includes:

(1) Assure the timely availability to AFRH residents, at locations other than the Retirement Home, of such acute medical, mental health, and dental care as such resident may require that is not available at the applicable facility of the Retirement Home.

- (2) Ensure compliance by the facilities of AFRH with accreditation standards, applicable health care standards of the Veterans Affairs, or any other applicable health care standards and requirements (including requirements identified in applicable reports of the Inspector General of the Department of Defense).
- (3) Periodically visit and inspect the medical facilities and medical operations of each facility of the AFRH.
- (4) Periodically examine and audit the medical records and administration of the AFRH.
- (5) Consult with the Local Board for each Facility of AFRH not less frequently than once each year.

In preparation for this inspection, we conducted background and inspection intent briefings with the current Deputy Director of the TRICARE Management Activity in July 2009 and the previous Deputy Director of the TRICARE Management Activity in April 2009.<sup>6</sup> When briefing the previous Deputy Director of the TRICARE Management Activity, we were given a sense that he was aware of 24 U.S.C. § 413 (2006), as amended by PL 110-181, AFRH SMA requirements, and that he was engaged with AFRH in attempting to fulfill those requirements. In 2008 the Deputy Director of the TRICARE Management Activity had visited the AFRH on several occasions and has participated in AFRH Performance Improvement Committee discussions. In February 2009, the Deputy Director of TRICARE conducted a formal AFRH site review pursuant to quality of care complaints voiced via Walter Reed Army Hospital. In July 2009, when we briefed the current Deputy Director of the TRICARE Management Activity, she indicated she was not fully aware of the requirements and her role as SMA for the AFRH, noting that she had just recently been assigned to Deputy Director position (May 2009). We provided her with references to become familiar with the SMA role.

At the time of the on-site AFRH inspection, the current Deputy Director of the TRICARE Management Activity had not fully engaged in the role as SMA. Contact had not been made with AFRH or the Local Board in the intervening months between our intent brief and the start of the inspection. The SMA did attend the in-brief for the inspection conducted on September 14, 2009. We also noted that the incumbent Deputy Director of the TRICARE Management Activity had not been formally designated as the SMA by the Secretary of Defense (via the OUSD P&R) as required by 24 U.S.C. § 413 (2008), as amended by PL 110-181.<sup>7</sup>

Observation: A proactive SMA could provide invaluable medical program advice and guidance to AFRH leadership and OUSD (P&R). The medical inspection area of this report contains

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<sup>6</sup> The military officer assigned as Deputy Director of the TRICARE Management Activity changed due to normal military personnel rotation in May 2009.

<sup>7</sup> The Deputy Director of the TRICARE Management Activity was formally designated by OUSD (P&R) as the SMA for the AFRH on October 5, 2009.

observations that should be addressed by the SMA and details medical care concerns that may have been obviated by proactive SMA oversight and assessment

Finding: The Deputy Director of the TRICARE Management Activity was not formally designated as the SMA for AFRH and had not undertaken the statutory requirements associated with that position.<sup>8</sup>

Recommendation:

A-5: OUSD (P&R) should ensure that the Deputy Director of the TRICARE Management Activity carries out the legislated role of AFRH SMA. OUSD (P&R) direct the SMA to schedule AFRH (W) for recurring dedicated inspections of the medical facilities and medical operations to include an audit of medical records and administration.

### **AFRH Statutory Alignment**

Throughout the course of research and conduct of this inspection, the inspection team was challenged to determine the appropriate overarching regulation, instruction, code, or authority to which the Armed Forces Retirement Home was subject in the conduct of AFRH operations and programs. Although the Chief Operating Officer is appointed by the Secretary of Defense and 24 U.S.C. § 415 (2006) stipulates that the Chief Operating Officer will follow the direction of the Secretary of Defense, 24 U.S.C. § 411 (2006) has also established AFRH as an independent agency under the executive branch of government. Early into our inspection team research, we were presented with an AFRH solicited legal opinion from a DOD component legal office indicating that as an independent agency, AFRH was not subject to guidance provided in DOD instructions. The opinion was originally premised upon a question of requirement for AFRH to comply with DOD procurement regulations; however, the opinion provided offered that the AFRH was not subject to any DOD regulation based on the AFRH status as an independent executive agency. OUSD (P&R) confirmed via electronic mail correspondence that they understood that AFRH is not compelled to comply with DOD regulations. Our review partially concurred with this specific opinion, with the exception that the guidance initially provided was overbroad. Based on additional counsel provided to the inspection team, we believe that guidance provided specifically to AFRH under the authority of DOD under 24 U.S.C. Chapter 10 (2006) would be binding on AFRH and that that OUSD (P&R) is the DOD designate for AFRH oversight under title 24 authority. However, we identified only one DOD Instruction specific to AFRH from OUSD (P&R) and that instruction has been rendered obsolete by PL 110-181 legislation.<sup>9</sup> Other DOD policy instructions that may have been viewed as overarching policy or program guidance for AFRH were directed toward DOD activities under title 10 United States Code authority. Therefore, the majority of this inspection was premised upon compliance with overarching federal guidance applicable to all Federal Agencies and Activities, e.g., Office of

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<sup>8</sup> On October 22, 2009 the Deputy Director of TRICARE advised the DOD IG that she had began a dialog with the AFRH leadership and had assigned a member of her staff as liaison to the AFRH.

<sup>9</sup> DOD Instruction 4161.03 "*Triennial Inspection of the Armed Forces Retirement Home*" dated June 26, 2006

Personnel Management Circulars, National Institute of Science and Technology, or specific 24 U.S.C. Chapter 10 (2006) requirements for the ARFH.

During the course of the on-site inspection we were made aware of other AFRH solicited legal opinions, regarding questions of security force jurisdiction. Two opinions provided to AFRH indicate that AFRH is considered a place within the District of Columbia (D.C.) and therefore subject to D.C. jurisdiction for police service, concluding that AFRH had no authority to establish a security force with other than private patrol (citizens authority). Those opinions, although focused on a question of security force jurisdiction, resulted in contemplation of farther reaching consequences, such as AFRH being under D.C. jurisdiction in other areas as: fire code, safety code, medical licensing, long term care licensing.

Observation: AFRH has posed several questions regarding governance authorities, soliciting several legal opinions to gain clarity. The legal opinions rendered appeared to be overbroad in application or limited in scope to a specific program management area, which creates uncertainty of the governance authority for other AFRH program management areas. The source of specific legal advice for the AFRH leadership and program governance is not clearly defined or linked in existing title 24 legislation or regulation. Therefore, the appropriate source for AFRH guidance is not clearly understood, resulting in uncertainty for both OUSD (P&R) and AFRH as to applicable governance authority for the AFRH.

Although 24 U.S.C. § 411(f) (2006) provides that DOD may provide non-reimbursable legal advice to the AFRH, the AFRH has solicited recent legal opinions from the Staff Judge Advocate (SJA) of the U.S. Air Force, 11<sup>th</sup> Wing. The use of DOD legal counsel, or specifically OUSD (P&R) designated counsel would provide a closer link to the OUSD (P&R) and serve to provide greater liaison between OUSD (P&R) and AFRH when questions of governance authority arise.

Finding:

Ambiguity exists in AFRH agency/management alignment and resulting operational and regulatory authority and governance for AFRH programs and operations.

Recommendation:

A-6: OUSD (P&R) should determine, clarify, and define management alignment and appropriate policy and governance oversight authorities for the AFRH. If warranted, OUSD (P&R) should seek legislation to aid in establishing clear authorities.

A-7: OUSD (P&R) should promulgate desired DOD guidance deemed applicable to AFRH.

A-8: OUSD (P&R) should ensure coordinated non-reimbursable DOD legal support for AFRH and require that AFRH obtain its legal advice through one designated legal office.



### **Statutory Inspection/Assessment Redundancy**

Title 24, U.S.C. Chapter 10 (2006) provides legislative guidance in the staffing, operation, and oversight of the AFRH. Public Law 110-181 revised 24 U.S.C. Chapter 10 (2006) in several areas, most significantly in four sections, all of which extended or added inspection requirements for the AFRH. Below are key provisions of applicable elements of 24 U.S.C. (2006), as amended by PL 110-181, germane to oversight/inspection:

Section 411: “Establishment of the Armed Forces Retirement Home” Mandated that the Chief Operating Officer of AFRH secure and maintain accreditation by a nationally recognized civilian accrediting organization for each aspect of the facility of the retirement home including medical and dental care, pharmacy, independent living and nursing care.<sup>10</sup>

Section 416: “Local Board of Trustees” Added requirement for the Local Board to provide OUSD (P&R) with an annual assessment of all aspects of the facility, including quality of medical care.

Section 418: Replaced Triennial Inspection by a military service Inspector General with an annual inspection by the DOD Inspector General in any year in which a facility of AFRH is not inspected by a nationally recognized civilian accrediting organization. DOD Inspector General is tasked to conduct a comprehensive inspection of all aspects of the facility, including independent living, assisted living, medical and dental care, pharmacy financial and contracting records, and any other aspect of either facility on which Local Board for the facility or the Resident Advisory Council of the facility recommends inspection.

New Section 413(a) “Improved healthcare oversight of Retirement Home” Designated Deputy Director of TRICARE as the AFRH Senior Medical Advisor, further mandating that the SMA periodically visit and inspect the medical facilities and medical operations of the retirement home.

Observation: In summary, 24 U.S.C. Chapter 10 (2006) reflects the requirement for four recurring inspections or assessments of the AFRH. Two annual inspections or assessments of AFRH facilities and medical operations are mandated, one contingent inspection by DOD IG, and an assessment by the Local Board. An additional periodic inspection of AFRH facilities and medical operations must be conducted by the AFRH SMA and a recurring civilian accreditation review is mandated.<sup>11</sup>

Finding: The oversight inspections and assessments of AFRH mandated by 24 U.S.C. (2006), as amended by PL 110-181, appear to be redundant and excessive.

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<sup>10</sup> Previously 24 USC § 411 (2008) stated that the Chief Operating Officer shall *endeavor* to secure and maintain civilian accreditation.

<sup>11</sup> CARF is the current civilian accrediting organization for the AFRH home and provides accreditation assessment reviews on a 5-year basis.

**Recommendation:**

A-9: OUSD (P&R) should review annual and periodic inspection requirements contained within 24 U.S.C. § 411, 416, 418 and new section 413(a), provided in PL 110-181, to determine the most effective and beneficial source and the timing of AFRH oversight inspections. OUSD (P&R) should also seek modifications to 24 U.S.C. Chapter 10 (2006), as necessary, to provide the most effective and appropriate and efficient inspection oversight.

## **Tab B – Admissions/Eligibility**

### **Overall Assessment**

This portion of the inspection examined the compliance of resident eligibility standards and the priority system as mandated by section 412, title 24, United States Code (24 U.S.C. § 412 [2006]). Personnel at the AFRH management level and the AFRH (W) campus were knowledgeable of their program requirements and executed their responsibilities in an effective manner. However, AFRH was found to lack prescribed rules for the review of eligibility category sub-criteria requirements.

Compliance with the resident stipend program as provided for by section 421, title 24, United States Code (24 U.S.C. § 421 [2006]), was also examined during this portion of the inspection. The program was found to be effective and compliant in providing productive activities for residents with the additional benefit of producing labor cost savings for work that would otherwise occupy an AFRH employee.

### **Admissions/Eligibility**

The AFRH Marketing Office manages the admissions program at the Agency level and is the entry point for all applications regardless of the campus for which prospective residents wish to apply. The Marketing Office coordinates with the prospective residents by obtaining necessary forms and documentation needed to complete an application package which is forwarded to the admissions board for the applicable campus. The admissions board is comprised of the Chief of Resident Services, the Chief of Healthcare (in concert with the AFRH Medical Officer), the Marketing Office, and the Ombudsman. The board reviews all documents prior to approving or disapproving applications. Applications are then returned to the Marketing Office for further processing. There is currently a waiting list for approved applicants. During the admissions process, resident eligibility categories are reviewed and for the most part tend to be dispositive. However, several eligibility categories require that rules (guidance) be prescribed by the Chief Operating Officer. Eligibility categories requiring specific Chief Operating Officer determination are contained in 24 U.S.C. § 412 (2006) and are defined as follows:

Eligibility Category 2: “Persons who are determined under rules prescribed by the Chief Operating Officer to be incapable of earning a livelihood because of a service-connected disability incurred in the line of duty in the Armed Forces.”

Eligibility Category 3, sub-criteria (C): “... are determined under rules prescribed by the Chief Operating Officer to be incapable of earning a livelihood because of injuries, disease, or disability.”

Eligibility Category 4, sub-criteria (B): “... are determined under rules prescribed by the Chief Operating Officer to be eligible for admission because of compelling personal circumstances.”

At the time of the inspection, no rules (guidance) were prescribed by the Chief Operating Officer to guide eligibility decisions in determining whether a person was “incapable of earning a livelihood” or had “compelling personal circumstances.” In an email dated July 28, 2009, AFRH staff requested assistance in interpretation of the term “unable to earn a livelihood” from their legal advisors. In a follow-up email dated September 10, 2009, the staff requested legal assistance as a broader question arose regarding interpretation of the sub-criteria terms. At the time of this report, there are still no rules (guidance) prescribed by the Chief Operating Officer supplementing the residency requirements.

Another eligibility issue relates to 24 U.S.C. § 412 (2006) states that a person is ineligible to become a resident if they have been convicted of a felony or are not free of drug, alcohol, and psychiatric problems. Sufficient screening exists in the application process to determine whether an applicant is free of drug, alcohol, or psychiatric problems. Currently, AFRH does not provide background checks on prospective residents to determine the existence of felony records. Instead, the application process relies on honest self-reporting. The Agency has drafted Directive 8-5 “AFRH Admissions Program,” to correct this problem – it directs the Admissions Office to ensure that a Security Background Check has been performed is completed on a prospective resident when a report date has been established. At the time of the on-site inspection, the draft directive was under legal review.

As provided for by 24 U.S.C. § 421 (2006), the Chief Operating Officer may accept part-time or intermittent services of a resident in exchange for a fixed rate of pay. This is commonly referred to as the Stipend Program. The Stipend Program, as administered by AFRH (W), addresses all 24 U.S.C. § 421 (2006) requirements. At the time of inspection, there were 48 residents participating in the Stipend Program. Each stipend compensated volunteer was limited to earning \$120.00 per month in supporting a variety of tasks that would otherwise occupy the time of an employee. The program is well managed and documented, and provides benefits to both the Home and its residents.

Observation: AFRH generally ensures compliance with admissions standards and requirements. Management attention directed toward several specific admissions program eligibility areas would improve the administrative management of the admissions program.

#### Findings:

AFRH has not prescribed rules (guidance) beyond the statutory resident eligibility categories to supplement eligibility standards for the acceptance of residents.

AFRH personnel have requested legal assistance in interpreting terminology, but no rules have been prescribed by the Chief Operating Officer supplementing residency requirements.

The AFRH admission process does not currently include a background check ensuring applicants have not been convicted of a felony.

AFRH Agency Directive 8-5: “AFRH Admissions Program” is a draft policy that proposes requiring security background checks for approved residents with reporting dates. The directive has not yet been implemented.

Recommendations:

B-1: The AFRH Chief Operating Officer should establish prescribed rules through formal AFRH policy and guidance to determine resident eligibility as required by 24 U.S.C. § 412 (2006).

B-2: AFRH should conduct background checks on approved residents with reporting dates to ensure eligibility requirements are met as prescribed by 24 U.S.C. § 412 (2006).

## Tab C – Facilities Engineering and Safety

### Overall Assessment

The AFRH facilities engineering assessment addressed campus facility operations including safety and maintenance, preservation, rehabilitation and restoration of historic properties, and safety operations. We found the AFRH grounds and resident and staff facilities to be generally well maintained.

The Chief of Campus Operations is responsible for the operation of facilities engineering, and the safety functions for all buildings and properties including the boiler and chilled water plant operations. The Chief of Campus Operations is also responsible for managing building maintenance; services contracts including pest and wildlife control; ground maintenance; transportation; waste disposal; linen cleaning and distribution; internal mail distribution; and the handling of medical supplies.



Armed Force Retirement Home  
Source: AFRH Photo Archive

The majority of AFRH (W) facilities are maintained using contractors. On July 8, 2009, a 2-year contract for AFRH facilities maintenance services was awarded to CMI Management, Inc.

The Chief of Campus Operations has published a Campus Operations' standard operating procedures manual and Campus Operations protocols. These documents reference various industry codes including the 2008 National Electric Code, 2009 ICC International Performance Code for Buildings and Facilities, residential, mechanical, plumbing, fire codes, and 29 CFR 1926 OSHA Construction Industry Regulations. We found the Chief of Campus Operations to be managing the facilities engineering functions and contracts through his staff in accordance with the campus standard operating procedures manual.

The AFRH Architect provided technical support to the Campus Operations staff, managed capital improvement programs, maintained the campus master plan including Comprehensive Historic Resource Survey Plan, and was also responsible for Historic Building Preservation of over a dozen historic properties on the AFRH campus. The Chief of Campus Operations complied with the Secretary of the Interior's Standards for the Treatment of Historic Properties (36 CFR 68 [as amended through 1995]). The Architect obtained approval from the District of Columbia Historic Preservation Board for any deviation required in the restoration of a historic building.

Our inspection of the facilities and grounds revealed several uncorrected maintenance issues. The maintenance discrepancies noted were all known to the AFRH (W) management; however, at the time of our inspection, the discrepancies had not reached sufficient funding priority for repair. AFRH (W) advised that the noted maintenance deficiencies were scheduled to be corrected in November 2009.

### Maintenance Discrepancies Noted

**Broken or Leaking Fire Hydrants:** We found 3 fire hydrants with substantial leaks and 20 additional fire hydrants throughout the campus that are broken or require service. In total, 23 out of 48 (48 percent) campus fire hydrants required some level of maintenance or replacement (Figure 1).

Discussions with the Chief of Campus Operations confirmed that the three fire hydrants with substantial leaks have been leaking for more than 2 months. Two of those fire hydrants had major leaks that included a fire hydrant that has been leaking water for more than a year.

We also noted that some hydrants were intentionally left open and were continuously streaming water onto campus roads and grass fields. The Campus Operations staff stated, “In some cases, this was done to relieve pressure from the main water feed. If these hydrants were closed, there is a potential for the main water feed to rupture and cut off water supply to the resident facilities.”

The D.C. Fire Marshal evaluated the facility in July 2009 and prepared a report identifying hydrants with maintenance issues. All fire hydrants were color coded with tags by the Fire Marshal to identify hydrants that were broken or needed repairs. The D.C. Fire Marshal identified 13 hydrants that needed to be repaired and 10 that needed to be replaced.

The Chief of Campus Operations informed us that all 23 of the previously identified fire hydrants will be replaced or repaired by November 1, 2009.

**Figure 1. Fire Hydrants at AFRH (W)**



Observation: Fire hydrant maintenance and repair does not appear to have a high priority within the AFRH (W) facilities maintenance plan.

Finding: Numerous Fire Hydrants are in disrepair.

Recommendation:

C-1: AFRH (W) should comply with the D.C. Fire Marshal's recommendations and the Chief of Campus Operations maintenance projections (November 2009) to replace 10 broken fire hydrants and repair 13 other identified fire hydrants.

Water Pipeline Leaks: There are several water pipeline leaks around the AFRH (W) campus. Two water pipelines were found to have major defects and were leaking hundreds of gallons of city water daily. Although the AFRH (W) management had been aware of the leaks for two months, no maintenance or repair action was taken at the time of the inspection.

Our findings identified three leaking water pipelines around the AFRH (W) campus.

- 1) Eagle Gate near Upshur Street
- 2) Pershing Drive near Arnold Drive
- 3) "The Ponds" area near Pershing Drive NW

Observation: Some of the cast iron pipelines on the AFRH (W) property are more than 50 years old and have reached their life expectancy. Water mains have been consistently breaking throughout the campus. While we indentified leaking pipes that are in need of repair, we also noted sections of the campus grounds where other leaking water pipes have been addressed for repair. The 6 feet long cracked cast iron pipe in the waterline located at The Ponds was replaced recently, but the accompanying old valve has not been replaced. However, the broken main water pipeline located near the Eagle Gate has been discharging water for more than a year. The pipe could not be replaced or repaired sooner due to a jurisdictional dispute with the Government of District of Columbia. This dispute has been resolved, and the AFRH management has accepted responsibility for repairing the broken pipeline. The Chief of Campus Operations informed the inspection team that the other two waterlines near Pershing Drive and Eagle Gate would be repaired by the end of November 2009.

Finding: The AFRH (W) water pipelines require replacement or repair.

Recommendation:

C-2: AFRH (W) should replace or repair the leaking water pipelines per the Chief of Campus Operations' stated plan of action (November 2009).



## **Tab D – Information Technology**

### **Overall Assessment**

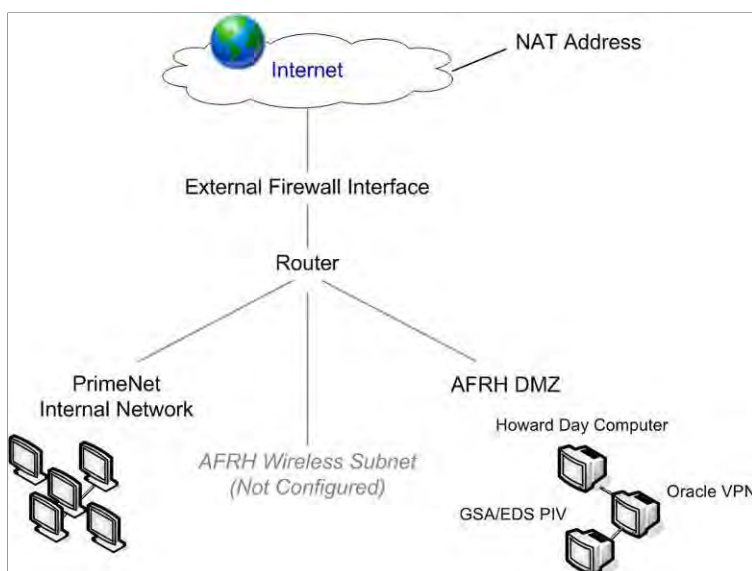
We used the National Institute of Science and Technology (NIST) SP 800-53, Revision 2, “Recommended Security Controls for Federal Information Systems,” dated December 2007 as the basis for development of the criteria for the Information Technology (IT) inspection area. We compared the NIST recommended Information Assurance (IA) security controls with those established in the AFRH Information Security Manual (ISM) and reviewed AFRH compliance with these guidance documents. During the inspection, the IG inspection team interviewed the AFRH (W) Chief Information Officer and the IT Security Manager to ascertain compliance and conversancy with 15 control areas as set forth in the NIST guidance document. These areas include: Information Security and Administration, Access Control, Audit and Accountability, Certification, Accreditation and Security Assessments, Configuration Management, Contingency Planning, Identification and Authentication, Incident Response, Maintenance, Media Protection, Physical and Environmental Protection, Planning, Personnel Security, Risk Assessment, System and Services Acquisition, System and Communications Protection, and System and Information Integrity.

AFRH uses external contract vendors for the majority of their IA and information Technology (IT) support functions. However, the use of contract vendors does not diminish AFRH responsibility for the management and security processes associated with their IA and IT systems. We found that the AFRH IA management was not fully aware of vendor support levels being provided and that the AFRH IA management was not fully aware of NIST standards, their own ISM, or how those standards were incorporated within the deliverables of contractor support.

### **AFRH Network/Contractor Support**

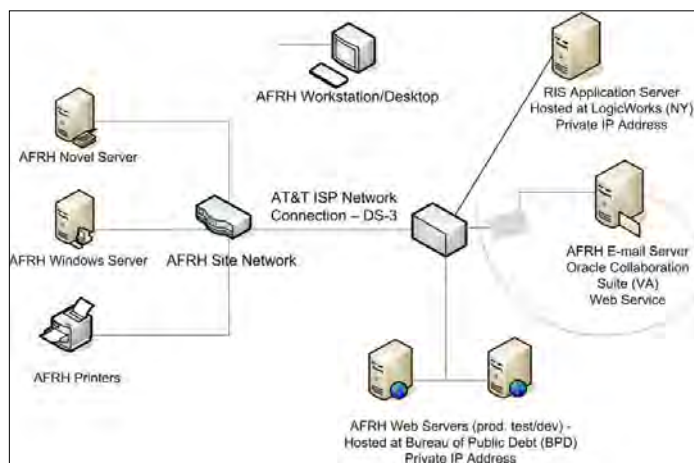
The AFRH IT system is categorized by AFRH as a moderate impact operational general support system. This categorization was established based on guidance outlined in the Federal Information Security Management Act, Publication FIPS 199 and NIST Special Publication SP 800-60. The AFRH (W) enterprise network (Figure 2) is comprised of a T3 dedicated line. This network is segmented into three zones, which are PrimeNet Internal Network, AFRH Demilitarized Zone (DMZ), and AFRH Wireless Subnet. The AFRH DMZ is primarily used to host vendors’ solutions without creating a security issue for the PrimeNet Internal Network and the AFRH Wireless Subnet. The network is monitored by a CISCO Intrusion Detection System and a Checkpoint firewall which performs content filtering.

**Figure 2. AFRH (W) Network**



All AFRH (W) applications, data and storage files, and e-mail services are hosted externally at contractor and government facilities (Figure 3). The AFRH (W) Email servers are hosted at the Oracle Collaboration Suite Web Service facility located in Reston, VA. Employees are assigned an Oracle Collaboration Suite's e-mail account to provide access to the agency's e-mail, file, and calendar systems. Employees are also given a Novell user account that gives them access to network resources, as well as provide a mechanism to audit login attempts to the system. The AFRH (W) web servers are hosted at the Bureau of Public Debt (BPD)-Department of the Treasury located in Washington D.C. which stores all AFRH (W) Private Internet Protocol Addresses. The Resident Information System (RIS) Application Server is hosted at Logicworks located in New York, NY.

**Figure 3. AFRH (W) – Current Application Hosting Configuration**



## **AFRH IT Staff and Guidance Documents**

The AFRH IT staff consists of a Chief Information Officer, a Senior Agency Information Security Officer, a civil service employee, and a contractor. The IT team is responsible for the operation of approximately 200 clients with a variety of operating system platforms, one Novell server, one NT file server, local network, and contractor oversight. AFRH established the AFRH ISM, dated May 15, 2007, based on federal laws, regulations, and NIST standards and guidance. The purpose of the AFRH ISM is to define security policies and safeguards and to present critical security issues. The AFRH ISM adequately provides guidance for implementation of information security for all AFRH personnel and support contractors. However, the results of our inspection and interviews indicated that the AFRH IT management personnel were not fully aware of the existing established policies, and therefore, AFRH management had not effectively established the IT oversight function to ensure compliance with guidance documents, either internally or in contract support.

Observation: Overall, no critical IA/IT security protocol issues were found. However, AFRH IT management personnel were not completely familiar with contracted deliverables or contractor functions in support of the AFRH IT systems. Although contractor support for the AFRH IT system is a viable management alternative, AFRH leadership must be familiar with all requirements and contracted services in order to properly determine contract deliverables, and to administer and monitor contractor performance.<sup>12</sup> AFRH has developed an ISM that adequately addresses the recommendations of NIST SP 800-53 Revision 2; however, AFRH (W) has not completely implemented Information Security policies as set forth in the AFRH ISM.

Finding: The AFRH IT contract oversight function is inadequate to ensure compliance with the AFRH information security policy at its facilities and contractors' sites where AFRH servers and information are stored and hosted.

### Recommendations:

D-1: AFRH should review and insure compliance with the information assurance policies as set forth in the AFRH Information Security Manual.

D-2: AFRH should ensure compliance with established information security policy at AFRH (W), and contractors' sites where AFRH servers and information are stored and hosted.

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<sup>12</sup> At the time of the inspection, the AFRH (W) was preparing a solicitation to have their data and all IT services hosted by the National Business Center (NBC), Department of Interior. The AFRH should ensure the contract with NBC includes provisions that ensure compliance with the information assurance policy as set forth in the AFRH ISM.

## **Tab E – Recreation Services (Resident Services)**

### **Overall Assessment**

The AFRH (W) Recreation Services is professionally managed by enthusiastic, customer-friendly personnel. The AFRH (W) recreation programs provide a wide and creative variety of activities that enhance the residents' morale, and provide a venue to facilitate resident activity. Recreation facilities are generally clean, effectively managed, and well-equipped. Appendix F provides a synopsis of the compendium of recreation services offered at the AFRH (W).

The Recreation Services program is managed by the Recreation Director of Resident Services and is supported by eleven full-time civil service employees. Approximately 60 volunteer (stipend and non-stipend) also work on a regular basis throughout the recreation facilities.<sup>13</sup>

AFRH Agency Directive 8-7 establishes an AFRH Agency Recreation Services Policy. Recreation Services provides programming and facilities for residents in independent living, assisted living, and long-term care. The Chief of Resident Services provides daily operational oversight of budget, contracts, and resources for the operation of the Recreation Services Policy. The Recreation Supervisor provides strategic oversight for programming, facility maintenance, contracting and budget requirements; and furnishes all technical and professional support to the Chief of Resident Services to ensure that the policy is successful.

In July 2009, the Recreation staff conducted a survey of residents in the Scott and Sheridan resident housing areas to determine their level of satisfaction with and usage rate of various recreational activities. Survey responses were received from a total of 341 residents. When asked to rate customer service, 74 percent of respondents rated it above average or better. When asked to rate recreational activities, 71 percent of respondents rated the activities as above average or better. When asked to rate facilities, 70 percent rated the facilities above average or better. The most used recreational facilities found in the survey were the library, fitness center, and package wrapping room.

Observation: The Scott and Sheridan building house primarily Independent Living residents. The LaGarde building houses primarily Assisted Living and Long-Term Care category residents. In the Scott and Sheridan building, there are a variety of trips and special events scheduled during the week and on the weekend. A monthly schedule is posted on the Scott and Sheridan building bulletin boards, dining room tables, and advertised on AFRH (W) closed circuit television. The Recreation Therapy Supervisor at the LaGarde Building reported that the Residents preferred more activities during the week versus weekends; however, the lack of

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<sup>13</sup> The AFRH stipend program is designed for residents to volunteer their time and expertise to assist AFRH programs run smoothly and efficiently and get paid for doing so. Those residents that volunteer their time and expertise on a non-stipend basis do not get paid.

weekend activities was one of the concerns voiced during our Resident Focus Group sessions (see Tab N).

Residents that reside at the LaGarde building require additional assistance for off site trips due to their medical conditions or reduced ambulatory abilities. We were advised by the Recreation Therapy Supervisor at the LaGarde Resident building that two Recreation Therapy staff positions were lost in November 2008. We were also advised that those staff positions will not be replaced as a result of reduced staffing requirements associated with the forthcoming return of AFRH (G) residents to Gulfport. The Recreation Therapy Supervisor reported that due to the staff reduction, weekend trips for LaGarde residents are not currently possible.

Finding: Off-site weekend recreation trips were an issue of concern noted by several residents who participated in our focus groups. Our review indicates that the majority of comments related to weekend off-site excursions were from residents of LaGarde Resident (Assisted Living and Long-Term Care) housing. Resident opinion was that weekend sponsored/chaperoned recreation trips had become very rare. In LaGarde building, a majority of the bus trips take place on Wednesdays.

Recommendation:

E-1: AFRH (W) should survey all residents, including LaGarde residents, to determine demand for weekend offsite activities and trips. If sufficient demand exists, investigate alternatives for increasing the schedule of weekend offsite activities and the supporting staff or volunteers that are required to accommodate all residents, regardless of residence category.

## **Tab F – Human Resources Management**

### **Overall Assessment**

Based on interviews with the AFRH Human Resources (HR) officials and employee Focus Groups, HR programs were reported to be effective and meeting mission needs. The AFRH HR assessment addressed employee development and performance management that were covered in the context of issues that were brought up in Focus Groups and site visit meetings.

All HR policy development, interpretation, guidance and oversight, are provided by the Chief Human Capital Officer, and supplemented by contractor support. Since October 2004, operational HR services are provided under a cross-servicing arrangement by the Bureau of Public Debt (BPD). Our review results indicate that this arrangement is working well, and has consistently provided timely and efficient HR support to the AFRH.

The AFRH HR programs are subject to Office of Personnel Management (OPM) regulations and policy – DOD HR policies are not applicable to this agency. As a result, the evaluation focused primarily on HR compliance and program implementation in accordance with OPM regulations. AFRH works closely with the OPM Center for Small Agencies regarding HR initiatives and requirements. AFRH is also subject to OPM compliance reviews, including an OPM review of the AFRH HR programs conducted in October 2009. Specifically, the OPM review covered all HR aspects at AFRH to ensure HR regulations and policies are followed. Because of OPM's evaluation, we are deferring to their findings and recommendations in the areas of regulatory compliance. At the time of this report, OPM had not released a written product of its results.

Employee Focus Groups identified the lack of tuition assistance as a concern. The area of training and development has been identified as a key challenge in the draft of the AFRH Human Capital Strategic Plan. A comprehensive assessment of learning needs and identification of training priorities is scheduled to begin in January 2010.

### **Staffing**

At the time of the onsite visit, management was focused on avoiding a future reduction in force (RIF) at AFRH (W). This focus was based on projected reduced staffing needs due the projected number of resident transfers to the Gulfport facility opening in 2010 and to reduced resident capacity in the planned replacement of the Scott Building. Current efforts to avoid a RIF are focused on the effective utilization of permanent and contract staff to provide the necessary flexibility to adjust staffing levels. Additionally, OPM is reviewing staffing program management and implementation through case file review as part of their evaluation. Therefore, we are deferring to OPM's findings in this area.

### **Equal Employment Opportunity**

The AFRH Equal Employment Opportunity (EEO) program is administered through an agreement with the Department of the Navy. Under this arrangement, an EEO Manager is provided, along with appropriate EEO support services. The Chief Human Capital Officer also provides direction to the EEO program. In 2001, AFRH had 765 Full Time Equivalents (FTEs), and FTEs have continued to drop since then. Currently, AFRH has approximately 300 FTEs. AFRH expects this drop to continue until approximately October 2010, when AFRH (G) reopens.

### **Employee Performance Appraisals**

Employee Focus Group comments and discussions with the Chief Human Capital Officer revealed delays in completion of the current performance cycle, including cash performance awards. The initial performance cycle was from January 1, 2008, through December 31, 2008; however, due to turnover in key management positions at the end of the rating cycle, the rating period was extended until March 31, 2009. Further delays occurred, so that the performance management process was still not completed by the time of our on-site review (six months subsequent to the end of the rating period). However, the final ratings were being communicated to employees and the performance award payouts were scheduled to be processed by October 2009. During this review, it was noted that required mid-year progress reviews were seldom conducted, which deprived employees of valuable performance feedback.

Finding: Employee appraisals were not expeditiously completed at the end of the performance cycle and midyear progress reviews were not properly conducted.

Recommendation:

F-1: AFRH (W) should ensure recurring and timely employee performance evaluation and counseling. Emphasize to managers and supervisors, on an ongoing basis, the importance of regular performance feedback and formal progress reviews.

## **Tab G – Contracting**

### **Overall Assessment**

AFRH partnered with the Bureau of Public Debt to provide procurement activities for supplies and services. Overall, the BPD provided the Agency adequate service in accordance with the Federal Acquisition Regulation (FAR) and Department of Treasury Acquisition Regulation (DTAR). A few areas were noted during this inspection that required additional AFRH and BPD attention and effort to resolve. The areas are as follows:

1. Increased focus on documentation of surveillance in accordance with contract quality assurance surveillance plans (QASP)
2. Formulation and execution of consistent policy and guidance for Contracting Officer Technical Representatives (COTR)

### **Outsourced Procurement**

In 2004, AFRH outsourced their purchasing responsibilities to the BPD's Administrative Resource Center (ARC) in Parkersburg, WV. The BPD provided procurement services in accordance with the Memorandum of Understanding (MOU) between the Treasury Franchise Fund ARC and AFRH. Services included simplified acquisitions, formal contracts (over \$100,000), and contract administration. Procurement services were conducted in accordance with the FAR and the DTAR. The FY 2008 cost for performing procurement services was approximately \$1.05M, which included a range of dedicated contracting personnel (nine from October to March, six from April to September.)

We reviewed 53 active AFRH contracts and interviewed 8 COTRs at AFRH (W). Overall, BPD maintained AFRH contract files in an excellent manner. The BPD contracting officials interacted with AFRH COTRs regularly by phone, electronic mail, and in-person visits. COTRs indicated they received consistent and effective BPD support for the procurement of services.

The BPD contracting personnel consistently ensure contracting actions are funded, advertised, competed, evaluated, and negotiated according to FAR requirements. BPD acquisition processes involving market research, contracting peer review, and documentation of fair and reasonable price determinations are noted as excellent.

#### **Observation:**

Only three of the eight COTRs produced contract surveillance documentation for review. COTRs were, however, engaged in ongoing contract activities and indicated they were closely monitoring contract services for compliance with the statement of work. Based on documentation noted in contract files, BPD contracting officers consistently assigned trained personnel for COTR duty on a wide variety of outsourced campus functions, including food service, grounds maintenance, security, and custodial service. AFRH COTRs must ensure that quality assurance surveillance plans and quality evaluations of contractors are accomplished in



accordance with FAR 37.602-1 and 46.4. Documenting surveillance on government contracts is essential to having a good past performance tool to use for award decisions.

**Finding:** AFRH COTRs did not consistently document contract quality assurance actions and surveillance per the guidance in the AFRH Agency notice 09-04 and Federal FAR 46.4.

**Recommendation:**

**G-1:** AFRH, in conjunction with Bureau of Public Debt, should ensure that quality assurance actions are consistently documented.

**Observation:** AFRH would benefit from development of a joint policy with BPD regarding management of COTRs. Currently, AFRH COTRs are subject to guidance in the AFRH Agency notice and the DTAR 1001.670-2. DTAR 1001.670-2 indicates COTRs need “at least” 24 hours of a basic acquisition course that includes pre-award, post-award, and procurement ethics training. The AFRH agency notice requires 40 hours but does not specify pre-award, post-award, and procurement ethics training. Also, the DTAR requires eight hours of maintenance training per year. The AFRH notice specifies its requirements only in a two year fashion (24 hours). These inconsistencies could lead to confusion and lack of compliance with directives for COTRs and contracting personnel.

**Finding:** The requirements for COTR training in AFRH Agency notice 09-04 are not consistent with those listed in DTAR 1001.670-2.

**Recommendation:**

**G-2:** AFRH, in conjunction with the Bureau of Public Debt, develop a joint COTR policy that is consistent with existing directives.

## **Tab H – Security**

### **Overall Assessment**

The AFRH Security assessment addressed physical security safeguards, training programs, manpower utilization, electronic security systems, and security/investigative standard operating procedures. Physical Security safeguards were assessed by applying security design criteria and requirements developed by the Interagency Security Committee (ISC). The ISC was established by Exec. Order No. 12977, 60 *Fed. Reg.* 54411 (1995), as amended by Exec. Order No. 13286, 68 *Fed. Reg.* 10624 (2003), to establish minimum physical security standards and measures for all federally owned and leased facilities for non-military use. Compliance with Homeland Security Presidential Security Directive (HSPD) – 12 was also assessed pertaining to the AFRH (W) adherence to the required common identification standard for Federal Employees and Contractors. We also reviewed guidance established by internally developed AFRH Standard Operating Procedures (SOPs).

Manpower utilization, training programs, and security SOPs emerged as a significant concern during the inspection due to questions pertaining to jurisdiction and statutory language authorizing Security Division personnel to conduct various security and law enforcement investigative and patrol activities as described in Security Division SOPs.

Physical security safeguards were found to be adequate with the exception of security planning. Physical security performance measures were not established as required per ISC policy which requires Federal Departments and agencies to use performance measurement and testing to assess physical security programs.

### **Jurisdiction**

A finding and recommendation provided during the 2005 Triennial Inspection was premised upon AFRH not establishing formal policy and guidance for baseline campus security standards. At the time of this inspection, AFRH had not yet promulgated policy and guidance; however, a draft copy of a proposed Agency directive was provided to the inspection team. AFRH (W) has been challenged by security jurisdiction issues, and has sought two legal opinions as to the jurisdiction of their security forces. In a review entitled “Legal Review – Jurisdictional Issues” solicited by the AFRH from a DOD component legal office an attempt was made to define the status of the AFRH as a federal enclave and how that status related to the authority of AFRH security personnel. However, that opinion was not conclusive indicating the grounds at the AFRH (W) are not exclusively federal nor is the campus a federal enclave. The document also opined that the AFRH (W) security personnel conducting the policing of the campus are not police but private security, employed by AFRH and share no authority/jurisdiction beyond that of private citizens within the District of Columbia. Therefore, investigative and arrest authority are reserved to the geographically determined ‘police authority,’ (i.e. Metropolitan DC Police). This was the second opinion provided related to security operations at AFRH (W), the first being offered in 1997. Both opinions were similar in findings.

Although AFRH has not formally promulgated security instructions or directives, the AFRH (W) campus has developed security related Standard Operating Procedures, many of which address areas of police enforcement activity such as interrogating suspects, conducting DUI/DWI stops, and investigating crimes within the grounds of the AFRH-W campus. Based on legal reviews, it appears that such activity is beyond the jurisdiction of AFRH security personnel.

Even though AFRH was in receipt of the legal reviews from a DOD component legal office, no guidance, or other direction was formally given to suspend existing Standard Operating Procedures for AFRH (W) security personnel to mitigate possible violation of law and/or regulation by engaging in potentially unauthorized law enforcement-related activities. During a conference among a DOD IG inspector, AFRH officials, and an attorney from the office who wrote the most recent opinion, a representative from AFRH stated interim guidance would be published to address the issue.<sup>14</sup>

Observation: AFRH (W) security force jurisdiction has apparently been an issue of concern for the AFRH leadership for several years. Two legal opinions have not served to fully resolve AFRH (W) security force jurisdiction or authority.

Finding: Jurisdiction and police authority for the AFRH (W) Security Department is not adequately definitized.

Recommendation:

H-1: AFRH should determine appropriate jurisdiction for AFRH (W) security operations that involve potential law-enforcement type activities and perform a comprehensive review of the current status of AFRH (W) standard operating procedures and issue formal guidance commensurate with authority allowed by public law and regulation.

### **Physical Security**

AFRH (W) employs a mix of civil service and contract security personnel for exterior and interior security operations. There are 14 civil service personnel, which includes the Chief of Security, a Pass and Permits clerk, and an investigator. The remaining 11 security personnel are assigned among three eight-hour shifts providing coverage for the campus. In addition, contract security personnel are posted one-per-shift at the Eagle main gate, although AFRH (W) Standard Operating Procedures require two personnel per shift for gate sentry duty. The security desk sergeant and main gate are static posts manned 24 hours a day, 7 days a week. Personnel use radios as their primary means of communication. Closed Circuit Television is used by the security desk to monitor the main gate, Sheridan and Scott Hall lobbies, and fitness center. Patrol coverage, whether on foot or motorized, is limited in all other areas of the campus due to manpower constraints.

Portions of the campus fence line are brick with wrought iron poles and barbed wire outriggers affixed atop the poles. The majority of the fence is normal gauge steel fence fabric affixed to poles

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<sup>14</sup> On October 27, 2009 the AFRH management disseminated an internal electronic message suspending investigative activities pending implementation of new AFRH Security policies.

with metal ties and outriggers affixed atop the poles. Portions of the fence are considered adequate although there is severe rust on sections of the wrought iron and fencing fabric. However, grounds maintenance in and around the southwest fence line require immediate attention. Large portions of this fence line are completely hidden by overgrown foliage, trees, and bushes which create significant security vulnerability. Tree limbs are allowed to grow up and over the fence extending outside the perimeter onto public sidewalk areas. Interior grounds have the same security vulnerability. Bushes, tree limbs, and shrubs are not properly trimmed, creating an opportunity of concealment for intruders. There is no established uniform security/threat nomenclature visible to visitors as recommended by ISC guidance.

At the request of the Chief of Security, the Metropolitan Police Washington DC Department (MPDC) conducted a physical security study of AFRH (W) in June 2005. The study did not include prevalent crime information regarding adjacent neighborhoods nor did the study consider required ISC Physical Security Standards in its assessment. At the time of the inspection, there was no documentation, process, or procedure in place to employ ISC required physical security performance measures.

Observation: AFRH (W) threat and vulnerability has not been formally analyzed. However, AFRH (W) has physical security protections that are inadequately maintained thereby diminishing the physical security posture for which those protections were designed. Guard and patrol staff levels are not based on an analysis of local threat or vulnerability.

Finding: AFRH (W) does not have a current physical security study that considers ISC Physical Security Standards.

Recommendation:

H-2: AFRH (W) should conduct a thorough security assessment of the AFRH-W campus with the requisite technical and professional expertise for assessing security needs of federal facilities for nonmilitary use. The assessment should incorporate as a factor the legal and statutory limitation applicable to AFRH (W) security personnel in the performance of their official duties.

### **Security Planning/Measurement**

AFRH Security SOP (2-49) requires coordination of security with local law enforcement. At the time of this inspection, there were no formal processes or arrangements in place between the AFRH (W) Security Division and other governmental agencies. We found no record of memorandums of understanding and/or agreement (MOU/MOA) between AFRH (W) and the designated local police authority – MPDC. There was also no MOU/MOA between AFRH and federal law enforcement agencies regarding the investigation of federal crimes.

Section 5 of Exec. Order No. 12977, 60 *Fed. Reg.* 54411 (1995), as amended by Exec. Order No. 13286, 68 *Fed. Reg.* 10,624 (2003), and the policy established by the ISC in the 2009 Department of Homeland Security document entitled “Interagency Security Committee – Use of Physical Security Performance Measures,” requires federal agencies to assess and document the effectiveness of their physical security programs through performance measurement and testing. Performance measures should be based on agency mission and goals and performance results

require linkage to goals and objectives development, resource needs, and program management. We found no record of assessment related to the security programs employed.

Observation: AFRH (W) does avail itself of MPDC police services. However, specific scope of police and investigative services required by AFRH (W), or provided by the District of Columbia or other Federal Agency, is not codified in formal agreements or acknowledgments.

Determination and establishment of specific agreements would be beneficial to all agencies concerned. Performance testing of the effectiveness of current security services would facilitate refinement of the AFRH (W) security plan, training requirements, and requirement for external security and police services.

#### Findings:

AFRH (W) has not formally established agreements with other Federal or local security or policing supporting agencies.

AFRH has not developed security performance measures or tested security procedures currently in place.

#### Recommendations:

H-3: AFRH (W) should engage other Federal and local agencies and local security or policing support to enter into written agreements.

H-4: AFRH (W) should develop security performance measures and implement recurring test analysis to validate effectiveness of security procedures

### **Security Training**

A baseline security training program with SOPs and a master training task listing existed. Civil service security personnel were issued expandable batons and pepper spray canisters. Although initial training was completed for all current civil service security personnel, refresher training occurred only within 30 days of the anticipated DOD IG inspection with no record of any other training in the period intervening between the 2005 Triennial Inspection and the DOD IG inspection. In some cases, personnel had not been trained on one or both of these items for two or more years. Furthermore, while training records were developed for civil service security personnel, documentation inconsistencies were noted in all records reviewed. There was no supporting documentation or other evidence of training material such as lesson plans, certificates, or testing results to validate the claimed competencies.

Observation: Security training was reviewed based on existing AFRH Security Standard Operating Procedures. Security training requirements must be fully assessed subsequent to resolution of AFRH jurisdiction and security patrol authority issues. Although the inspection team noted several discrepancies in security training documentation and availability of training support tools, no specific recommendations are offered at this time because security jurisdiction and related required competencies need to be developed first.

## **Tab I – Medical**

### **Overall Assessment**

The Air Force Inspection Agency medical inspection team conducted the following activities: 1) revised the Health Services Inspection guide developed by the AFIA team that inspected AFRH in 2005; 2) verified follow-up in key healthcare service areas where accreditation agencies requested improvement; 3) annotated issues in health service quality opportunity; 4) noted updates and changes made by the facility; and 5) recommended avenues and options for improvement in healthcare services.

Overall, general medical healthcare is considered satisfactory and meets professional practice standards. As discussed in the Senior Leadership Section (Tab A), AFRH would benefit from additional guidance and direction from the Deputy Director, TRICARE Management Activity in the role as the AFRH Senior Medical Advisor, as well as proactive engagement of the Local Board, particularly in the conduct of legislated annual assessments of AFRH.

Within AFRH (W) there exists an extended vacancy in the position of Chief of Healthcare Services. The gap in this position may be contributing to deficiencies that have been noted in committee minutes documentation; action plans for resolution of issues; and overall information flow and coordination across departments.

Additionally, it is the opinion of the medical inspectors that AFRH lost an element of clinical, peer, and record review when it transitioned from Joint Commission on Accreditation of Healthcare Organizations (JCAHO) to the Commission on Accreditation of Rehabilitation Facilities (CARF) accreditation. Although there is overlap in the focus area sections observed by both organizations, clinical medical areas were best served through JCAHO processes and the CARF was best for a review of continuing care (administration and services). Due to the unique AFRH establishment, (providing both clinical care and continuing care), AFRH may best be served with a systematic/periodic review of its entire operations involving both CARF and a focused ongoing clinical review element.

### **AFRH Demographics**

It is the opinion of the medical team that the residents at AFRH (W) appear generally fit and active for their age. The present population consists of 901 males and 104 female residents. The average age is approximately 83 (an increase from the average of 78 in 2005) with ages ranging from 45 to 104. The residents live together in a cohesive community within three separate buildings (Scott, Sheridan, and LaGarde). Approximately 20 percent of the population requires Long-Term Care (LTC) or Assisted Living (AL) services, which they receive in a modern, separate facility (LaGarde) as well as in several reserved beds within in the Independent Living (IL) facility (Scott Hall).

A relatively small proportion of AFRH (W) residents required AL (approximately 7 percent) or LTC support (approximately 14 percent) – (reference Table 2). A recently established

A Memory Support Unit to care for demented residents now exists which benefits the management of those patients requiring the special attention.

Resident capacity and occupancy rates as of September 2009 are displayed below:

**Table 2. Armed Forces Retirement Home – Capacity and Occupancy Rates (values rounded)**

Residency Category	AFRH-W		
	Capacity	Residents	Occupancy
Independent Living	1017	783	77%
Assisted Living	75	66	88%
Dementia Care	23	20	87%
Long-term Care	150	136	91%
<b>Facility Totals</b>	<b>1265</b>	<b>1005</b>	<b>79%</b>

### **Healthcare Services Element Assessment**

The AFRH (W) Healthcare Services Department has approximately 163 staff personnel including four direct hire physicians. Currently, the Chief of Health Services position is vacant. The duties of the Chief of Health Services have been delegated to the AFRH (W) Director as an additional duty beginning in November 2008. Other professional staff include two Certified Nurse Practitioners (CNPs); one dentist; one contract podiatrist and one optometrist. Overall clinical provider availability is considered good for outpatient services. The AFRH (W) staff conducts daily floor/ward rounds on the inpatient (AL, IL and LTC) services. A provider is on-call 24 hours a day, 7 days a week for in-house patient care issues. Night emergency response for injuries, accidents or deaths is adequately covered by 911 Emergency Services.

The remaining healthcare staff consists of: 1 dental administrative technician (who serves as a hygienist); 1 dental technician; 2 pharmacy technicians (1 transient for deliveries through Walter Reed Army Medical Center [WRAMC]); 6 clinical nurses (RNs) (adjusted vacancies covered through contract services); 37 licensed practical nurses (adjusted vacancies covered through contract services); and 89 nursing assistants (adjusted vacancies covered through contract services). Additional positions such as Medical and Nursing Directors, assistant directors, educators, and trainers that play vital roles in resident healthcare and management make up the remaining mix of staff. Based on resident population and clinic demand, the inspection team identified the following potential shortages: one dentist and one dental hygienist.

Formal governance of healthcare services is coordinated under an Executive Management Committee (EMC) that serves as the oversight body to all campus functions. The scope of medical services provided at AFRH (W) includes Internal Medicine/Family Medicine, Psychology, Nutrition, Social Work, Rehabilitation (physical, occupational and speech therapy), Dentistry, and Podiatry. Contract services exist for mobile radiology and dentistry. There are no diagnostic services onsite other than dental x-rays.

Tertiary care and other specialty services are available at WRAMC and a nearby Veterans Affairs Medical Center (VAMC). Convenient shuttle service is offered between these facilities several times per day. Eyeglasses fabricated by a DOD facility in Virginia are provided to the residents free-of-charge. Additional area treatment facilities include Bethesda Naval Hospital, Washington Hospital Center, and Providence Hospital. The proposed closure of WRAMC creates some concern to the medical inspectors due to a potential increase in patient load at the VAMC as well as the increased distance for travel to the new combined military medical center in Bethesda.

Medical committee minutes documentation and information flow was deficient for action plans; referral or resolution of issues; and required refinement and coordination at all levels. This is a repeat finding noted from the 2005 assessment. Medical staff members were aware of the previous findings, but meeting minutes still lacked progress for suggested action plans, discussion, and issue resolution. The extended vacancy of the Chief of Healthcare Services position may have contributed to this lack of progress due to the gap in leadership and information flow.

Observation: Medical Executive Committee minutes and documentation require refinement and coordination at all levels.

Recommendation:

I-1: AFRH (W) should assess the effect that the vacancy of the Chief of Healthcare Services position has had on these documentation and standardization deficiencies and prioritize the necessary personnel or organizational resolution to rectify the extended gap.

Observation: With the transition from JCAHO to CARF, an element of clinical, peer, and record review oversight may have diminished. The two organizations overlap in their areas of focus; however, JACHO provides standards and oversight for clinical services that CARF does not. At the same time, CARF provides strength with review of continuing care processes, services and aspects of the Home that JCAHO does not.

Recommendation:

I-2: OUSD (P&R) should direct the Senior Medical Advisor (Deputy Director TMA) to determine, in consultation with the AFRH Chief Operating Officer and AFRH (W) Medical Director, an appropriate practice for supplementing CARF accreditation through a focused ongoing clinical review and oversight element.

### **Resident Care/Credentialing**

Review of credential files revealed that the clinicians providing care are appropriately licensed and credentialed. The AL, LTC and "Specialty Care" Dementia Unit residents are managed as inpatients with an assigned provider team that includes a physician or CNP. Outpatient and inpatient records generally reflect appropriate health maintenance activity in diabetes care, immunizations, cancer screening, functional and substance-abuse assessments and



anticoagulation therapy management. Substantial improvements from the previous inspection in 2005 were made in the tracking of laboratory data due to utilization of the local military Composite Healthcare Computer System (CHCS). For resident admissions, credentialed providers performed histories and physical examinations. New policy has been established for weekly calls to follow up hospitalized residents.

A review of access to medical care revealed minimal to no waiting times for appointments with availability tailored to individual needs. Typically, 7 to 10 patients per physician are seen daily in the clinic. Scheduled outpatient care is available in the Ambulatory Care Wellness Clinic five days a week. Walk-in patients are offered the same access and seen on a same-day basis dependent on triage priorities and the set schedule. Virtually all IL residents use the onsite Ambulatory Care Wellness Clinic for initial acute illness or injury.

The IL residents have the option of using an AFRH staff physician as their primary care provider. A review of records, augmented by resident interviews, found that 70 to 80 percent of IL residents continue to choose this option. The remaining IL residents use other providers at local military or civilian medical facilities. The AL and LTC residents receive primary care from their respective ward physicians. The majority of acute inpatient care and specialty outpatient service is provided by nearby local facilities. However, a number of local facility MOUs require updating or revision to accurately reflect those services available or provided.

The pharmacy technician staff provides satisfactory support to the residents and medical staff. AFRH (W) maintains a unit-dose dispensing system to support AL and LTC inpatient residents. Dispensing, monitoring and review are accomplished through a contract system that routinely reports to the PI Committee. The technician primarily provides a custodial medication service for dispensing maintenance medications with a maximum 90-day supply issued to outpatient residents. Other than managing prescription delivery from WRAMC, occurring 5 days per week, the pharmacy technician has little involvement in the provision of clinical services. The dispensing process mitigates the labor-intensive, inefficient, and error-prone system reported in the previous triennial inspection. Prescription orders or outpatient services average two days and the inpatient medication order turn-around time average an acceptable four hours. The staff strictly monitors and appropriately stores drugs in a double-locked narcotics container.

The AFRH dentist has been in place for over five years and spends significant time providing restorative rather than preventive care. The dentist is properly credentialed and well-versed in the standards of care. Facility dental SOPs are through U.S. Army and community standards outside of the CARF assessments. The department patient load average for outpatient and inpatient visits/procedures per month justifies the need for an additional dental hygienist position to better meet community standards. To supplement onsite dental services, a mobile dental contract captures the appointment load for AL and LTC residents. However, the current dental clerk is scheduled to depart, and there will be no hygienist to cover all of the extra duties that the clerk is currently performing. The proposed replacement with a general administrative technician will not suffice for the skill sets required. Dental record accountability is negatively impacted by the lack of an electronic scheduling and patient census/visit log. The current hand-written log is difficult to read and comprehend. The dental staff would benefit from enhanced communications with WRAMC, VAMC and Fort Meade, MD, dental clinics. There are no

formal dental MOUs, but rather an assumed agreement through regular facility support for medical care. Also, dental representation should be incorporated into Medical Executive Committee meetings to improve overall coordination of medical services.

Optometry services provided services for three days per week with prescriptions being filled through local and military service provisions. There is minimal to no waiting for appointments. Medical Executive Committee meetings and minutes do not reflect an indication of Optometry service assessments, and activities.

#### Recommendations:

I-3: AFRH (W) should establish formal dental referral and coordination affiliations through Memoranda of Understanding with local community and DOD facilities.

I-4: AFRH (W) should ensure that all clinical care provider group services, assessments, and activities are incorporated into the Medical Executive Committee meetings and minutes.

#### **AFRH (W) Nursing Services**

The local area civilian agency requirement standard for direct nursing staff involvement and care for LTC patients is 3.5 hours per patient per day; AFRH (W) provides an average of 3.8 hours. The local area civilian agency requirement standard for direct nursing staff involvement for AL patients is 2.5 hours per patient per day; AFRH (W) provides an average of 2.8 hours. Minimum nurse coverage for day, evening and night shifts is outlined below:

**Table 3. AFRH (w) Nursing Services**

Shift	Assisted Living		Long-Term Care – LaGarde (L)			
	Scott Hall	LaGarde	L3	L4	L5	Dementia
	FTE	FTE	FTE			
Day	2 RNs/LPNs, 4 NAs	2 RNs/LPNs, 4 NAs	2 RNs/LPNs, 5 NAs	2 RNs/LPNs, 5 NAs	2 RNs/LPNs, 5 NAs	2 RNs/LPNs, 5 NAs
Evening	2 RNs/LPNs, 4 NAs	2 RNs/LPNs, 4 NAs	2 RNs/LPNs, 5 NAs	2 RNs/LPNs, 5 NAs	2 RNs/LPNs, 5 NAs	2 RNs/LPNs, 5 NAs
Night	2 RNs/LPNs, 3 NAs	2 RNs/LPNs, 3 NAs	2 RNs/LPNs, 4 NAs	2 RNs/LPNs, 4 NAs	2 RNs/LPNs, 4 NAs	2 RNs/LPNs, 4 NAs

The Nursing Director provides strong leadership and guidance ensuring delivery of nursing care services in accordance with the policies and SOPs set forth by the AFRH (W) Administrator and the Medical Director. Although the Nursing Service has specific SOPs, there are no supported documents indicating the SOPs were approved or set forth by the Nursing Director.

The Nursing Director ensures nursing competency by closely monitoring the facility's staff education and training programs. More than 95 percent of the staff received health and wellness training in courses supported by outsources, such as Walter Reed Army Medical Center and Johns Hopkins Hospital. Additionally, the director and her staff effectively reorganized the department and balanced resident supervision and care based on need. Overall, the nursing care

provided to the residents is met by a qualified nursing staff, although there is some concern by the staff regarding the availability of professional education opportunities.

Annual birth month assessments of resident health and vigilant daily observations by staff continue to be the surveillance tools for detecting declines in health or functional status. Significant efforts are made to maximize and maintain independent functioning, within safety limits. The nurse practitioners conduct annual resident assessments that include a physical exam, depression screening, and an overall functional assessment.

An infection control program is in place to monitor compliance with AFRH (W) infection control policies and procedures, to investigate, control and prevent infections. The nursing staff use appropriate infection control precautions in caring for the residents.

The Performance Improvement (PI) Committee sets the foundation for overall Healthcare Services oversight and activities. This committee's function is employed only for the Healthcare Services department, and there is little evidence of PI data transfer between departments. Collected data is prioritized and aggregated to improve and/or enhance resident care. Effective risk management for infection control, ward falls, and medication errors are in place. Coordination with areas such as Facilities Management, however, needs to be refined for the mitigation of "acute" issues. For example, the inspection team witnessed one fall that was due to limited wheelchair maneuverability in a common gathering area. Prevention of a similar event would benefit from more inclusive PI coordination among other departments outside of Healthcare Services. A review of PI minutes revealed little discussion of important issues such as the planned AFRH (W) facility projects, transfer of residents to Gulfport, and potential closure of WRAMC.

Recommendation:

I-5: AFRH (W) should establish a formal process for ensuring communication and coordination among activities across the Healthcare and Administrative services to ensure that required actions on risk management, incident reporting, and wheelchair movement accessibility are addressed.

### **Wellness/Health Promotions/Risk Management**

AFRH (W) residents are afforded adequate health promotion education along with appropriate interventions for tobacco use and alcohol abuse. A psychiatrist evaluates residents with evidence of depression or behavioral management issues. Initial assessments also include a comprehensive chronic disease index evaluation and nutritional review. In addition, the "Vitality Plan" covers all aspects of periodic health maintenance including colorectal and gender-specific cancer screening, vaccinations and substance abuse assessment. Documented minutes and processes indicate evidence of acceptable compliance for immunization programs (influenza and pneumococcal pneumonia).

Tobacco Cessation activity includes semi-annual educational efforts through WRAMC. AFRH encourages residents to voluntarily enroll in a support course along with the initiation and

management of adjunctive medication regimens. Ongoing support and treatment are tailored to individual needs. Some success was claimed with these efforts, although substantiating data was not readily available. The AL and LTC smokers (and demented residents) are presently taken to a designated smoking area to ensure that fire safety precautions are maintained. Efforts to restrict smoking in this Federal facility are met with some resistance from those veterans addicted psychologically and physiologically to smoking.

Residents are discouraged from using alcohol in their rooms. A review of incident reports regarding falls and injuries of residents indicated no trend or association with alcohol-related events.

For Nutrition Services, the inspection team received mixed feedback from residents and staff regarding food quality. Upon review, it was determined that Nutrition Services showed positive progress since the 2005 inspection. The improvements are attributed to detailed resident health assessments by the dietician (assessments include nutrition screening, intervention and education), surveys, and outstanding documentation of performance improvement measures. Inspector observation revealed that food service and management provided wholesome and nutritious products.

Residents with known diabetes are assigned to a nurse case manager and the dietician. Chart and record reviews reveal good documentation of quarterly glycohemoglobin and microalbumin determinations, annual retinal and podiatry exams, and semi-annual lipid profiles. Resident menus are well-balanced and reflect resident preferences. Inspectors deemed that established protocols in dining facility operations are made in the best dietary interests of the residents. Meal preparation is well planned. A software program ("Compnutrition") is used to determine and stabilize food purchases, assess use and waste, and provide caloric calculations. Dietary awareness is emphasized through forums, Town Hall meetings, television and paper advertisements or word-of-mouth.

### **Public Health/Industrial Hygiene/Safety**

AFRH (W) offers a full spectrum of employee Occupational Health programs that meet standards. External services along with surveillance measures are coordinated through local medical facilities and agencies. Staff /worker pre-placement exams, audiometry, spirometry, and medical surveillance evaluation services take place at expected intervals. Employee training programs for hepatitis B vaccination, latex allergy, tuberculosis surveillance and blood-borne pathogen exposure education are established and compatible with standards promulgated by the Occupational Safety and Health Administration and recommendations from the Centers for Disease Control and Prevention. However, minor tracking and documentation deficiencies were noted.

Public Health and Industrial Hygiene surveillance indicates that food facilities and buildings showed no problems for hazard mitigation and sanitation issues. Pest control is managed by local contract and minimized infestation concerns. Required radiographic surveillance and badge checks for dental x-ray exposures is in place.

The fire evacuation plan process lacked written detail regarding the movement of LTC residents in case of a wide-spread event. Facility isolation measures regarding potential pandemic disease outbreak procedures were not addressed, but sparked staff interest when mentioned as a concern by the IG staff.

Emergency response for resident events within the public area and grounds of AFRH consist of packed supply bags with basic care materials. The requirement for the staff is Basic Life Support measures and Heartsaver certification with Automatic Emergency Defibrillator (AED) use. No advanced care medications are warranted for this level of care since Advanced Cardiac Life Saver procedures for providers is not mandated by local policy.

### **Local Board Health Services Issues/Questions**

In response to the Inspection Teams' request, the Chairman of the Local Board submitted nine questions that she requested to be included in the AFRH evaluation (Appendix C). Those areas are addressed below.

*1. How is medical care tracked between medical facilities? Example: care provided by an Army medical facility and the AFRH medical staff?*

AFRH sends complete information packages with the patient during the initial transfer. The packages include consult requests, medications, advanced directives, etc. The family is also notified. There is a newly established policy in which the Medical Center calls AFRH and sends a discharge summary upon discharge. For returns and placement, the medical staff routinely sees all admitted residents who stay as inpatients to a local facility for more than a few days. A needs assessment is established if the resident's status changes for stages of care back at the retirement home. The doctors review orders on all resident return packages. It was noted however that some records did not have scheduled needs assessments charted as per local policy.

*2. How are discharge planning and follow-up care coordinated between discharging hospital and AFRH?*

As above; each patient is returned with all information regarding care and treatment. A report is given by the receiving nurse once the resident is back on the ward.

*3. What measures are in place and/or databases utilized to ensure continuity of care for AFRH residents?*

Hand written notes are still being used by all staff. Electronic medical records processes are not yet in place. The Composite Healthcare Computer System (CHCS) is being used for labs. Routine labs are flagged and returned to the providers. Routine rounds are conducted daily on inpatients.

*4. What control measures are in place to ensure the 5 “R”s are followed for medication procedures? RIGHT – Patient, Time, Dose, Medication, Route?*

The new medication distribution system, the “Millennium Pharmacy System”, has been in place for the last six months. It ensures the quality administration of inpatient medications. Narcotics are controlled in double locked containers.

*5. What quality control measures are in place to ensure custodial services and maintenance is accomplished to the appropriate standard?*

Contract custodial and maintenance services are monitored through Contracting Officer Representatives who engage in ongoing contract activities and monitor contract services for compliance with the statement of work. The Chief of Campus Operations has overall responsibility for custodial and maintenance contract fulfillment. Tabs C (Facilities) and G (Contracting) provide additional background and detail in describing the quality control measures in place.

*6. Is the AFRH in compliance with the established baseline standards in accordance with Public Law 110-181, AFRH Act of 1991, Section 1518?*

Yes. The DOD IG inspected AFRH in a year in which the home was not inspected by a civilian accrediting organization. All aspects of the facility were inspected to include independent living, assisted living, medical and dental care, pharmacy, financial and contracting records. Medical Inspector General assistance was provided by the Air Force through the Air Force Inspection Agency. Concerns, observations, and recommendations were solicited from the Local Board, the Resident Advisory Committee and the residents of the facility. The Chief Operating Official and the Director of AFRH (W) made all staff, other personnel, and records available in a timely manner. A report with recommendations has been prepared describing the results of the inspection not later than 45 days after completion of the inspection. The report has been provided to the designated parties. It is noted that the Director, AFRH (W) has 45 days to submit a plan to address the recommendations and other matters set forth in the report.

*7. What procedures are in place to monitor allergies to medications?*

In-processing assessment protocols monitor medication allergies (also food). However, the inspection team observed that proper notification labels of allergies were missing on several residents’ charts as required.

*8. What ADLs (Activities of Daily Living) are in place to ensure residents receive proper care?*

A variety of morale and physical events are available to allow residents as much independence as is appropriate for their individual health status. Good dietary processes and follow up are in place for weight management. There is regular monitoring of LTC and AL residents with location watches.

*9. What guidelines are used to transfer residents to a different level of care? What is the process?*

A new draft policy exists that requires review by the medical staff prior to implementation. There was no documented evidence that the Medical Executive Committee have discussed or reviewed the proposed policy.

## **Tab J – Disposition of Effects**

### **Overall Assessment**

This portion of the inspection examined compliance with procedures for disposing of the effects of deceased persons as provided for in section 420, title 24, United States Code (24 U.S.C. § 420 [2006]). Those with assigned responsibilities in the process were well versed in their duties. Policies and assigned responsibilities for the process were found to be well delineated, compliant with 24 U.S.C. § 420 (2006), and effective in practice.

### **Disposition of Effects**

The Chief Operating Officer establishes the Agency's written estate policy and provides broad oversight of the policy. AFRH Agency Directive 8-8 "AFRH Estate Matters" dated September 2, 2008 is the applicable policy guidance. The policies delineated by the directive are in compliance with 24 U.S.C. § 420 (2006).

The AFRH (W) Director is broadly responsible for safeguarding and disposing of the estate and personal effects of deceased residents. The Director exercises his responsibilities through the Home's Administrative Officer and Chief Resident Services.

When a resident dies, AFRH safeguards the personal effects until removed by an executor or legal representative. The point of contact for the estate is established through information available in the resident computer database. In the case where a point of contact for the estate is not available, the case is referred to the AFRH (W) Administrative Officer to initiate the necessary legal proceedings. If a deceased resident's possessions need to be packed for storage due to the absence of an emergency contact, an AFRH (W) Social Worker is designated to serve as Decedent Effects Inventory Manager. In the majority of cases property is promptly removed; however, in those cases where the property remains unclaimed at the end of three years, AFRH may retain the property for the facility or dispose of it through sale or donation.

Observation: AFRH (W) performed estate matter duties and responsibilities in a satisfactory manner and are in compliance with 24 U.S.C. § 420 (2006).

Recommendations: None



## **Tab K – Hotline Activity**

### **Overall Assessment**

The inspection team referred to the guidance contained in Department of Defense Instruction, No. 7050.01, “Defense Hotline Program” dated December 17, 2007, for a comparative review of the AFRH Hotline program. The AFRH hotline is under the purview of the AFRH Inspector General (IG). The current AFRH IG has been in place since May 2006 and also serves as the Chief, Information Technology (primary billet). From May 2006 through August 2009, there were twenty-one Hotline cases adjudicated. The AFRH IG stated that he found no record of any Hotline case files before his arrival.

The cases reviewed ranged from allegations of resident mistreatment, to poorly fitted dentures, to a terminated employee’s request to regain access to the AFRH. Our discussions with the IG revealed he treated every case with utmost professionalism and with equal attention to detail.

There were several areas for improvement related to file management and content. The areas for improvement, generally dealt with contents and organization of the individual case files.

There was not a consistent identification of the case files. Some case files did not have an identifier; others used the identifier from a referral agency such as the DOD IG, and some had a local identifier. During the course of our review, we recommended a consistent identifier such as 2010-001, 2010-002, etc, be used, regardless of the original source.

Files lacked standardization with regard to contents of the individual file. Some files were missing the actual allegation, others lacked a copy of the final response, and others lacked proof the response was communicated to the complainant. A simple checklist documenting actions taken, relevant documents, and communications made would better demonstrate the case was managed completely from start to finish.

It was clear the AFRH IG employed an unbiased approach in every case. It is unusual for an IG to be “dual-duty” with two executive management functions, as this may lead to unintentional conflicts of interest. The files reviewed contained no cases dealing with the assigned IG’s additional Information Technology duties. If Information Technology issues were reported via the AFRH hotline, the IG stated he would forward them to the DOD Hotline for action.

Observation: The AFRH IG appears to be capable and conscientious in addressing AFRH hotline complaints and bringing each complaint to resolution.

Recommendations: None

## Tab L – Voting

### Overall Assessment

Due to known congressional interest in voting access for DOD personnel, this review area was added to the inspection of the AFRH.<sup>15</sup> There are no specific provisions in law or other guidance that requires AFRH to provide any voting services to residents; however, we found that AFRH did take an active role in assisting residents who desired to vote. To determine the support the residents received in obtaining information, absentee ballots, and transportation to polling sites, we interviewed the senior staff most involved in providing residents voting assistance.

The Ombudsman and Chief of Resident Services clearly developed a close working relationship to ensure every resident that desired to vote, had the opportunity. Material related to polling locations and requesting absentee ballots were readily available. Residents requiring physical assistance in applying for an absentee ballot were aided by appropriate staff, to include social workers in the Assisted Living and Long-Term Care areas of the home.

The residents of AFRH comprise two overlapping demographics that historically desire to vote: military and the elderly. As an example, we were told “that the desire to vote was so strong that residents typically unable to go the polls (for various disabilities), and thereby qualified for absentee ballots, insisted on getting to the polls in any way possible so they could cast their ballot in person.” AFRH ensured buses were available and assisted the disabled in getting to their designated polling place.

During the course of our inspection which included resident interviews and multiple focus groups, not a single resident voiced a concern with voting. AFRH clearly provided adequate support to residents in ensuring all who desired to vote were afforded the opportunity to do so.

Observation: It appears that AFRH (W) provided all possible assistance to residents in an effort to ensure voting poll or absentee ballot access during the last national election.

Recommendations: None

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<sup>15</sup> Section 1566, title 10, United States Code (2006), “Voting assistance; compliance assessments; assistance,” as amended, requires that the Inspectors General of the Army, the Navy, the Air Force, and the Marine Corps conduct an annual review of the effectiveness of voting assistance programs; and an annual review of the compliance with voting assistance programs of that Service.

## **Tab M – Finance**

### **Overall Assessment**

AFIA conducted a triennial inspection of the AFRH in 2005. In their report, AFIA noted that AFRH made significant progress in the financial management area since the previous triennial inspection. For this inspection, our review included follow-up on findings and recommendations made by AFIA in the triennial inspection report, and matters required by 24 U.S.C. (2006) and relevant OMB Circulars. Specifically, we reviewed previously reported issues related to elements of Presidential Budget Submission for 2008, AFRH Financial Management Plan, Annual Statement of Assurance, Oversight of Financial Transaction Processing, Government Purchase Card Program, and golf course maintenance funding.

The AFIA reported that in April 2004, AFRH transferred their accounting functions to the Department of Treasury Bureau of Public Debt's Administrative Resource Center (BPD ARC), which enhanced the Home's ability to comply with required accounting standards and applicable laws, to include the use of a Joint Financial Management Improvement Plan certified financial management system. AFRH continues to maintain a reimbursable services agreement with BPD ARC. In order to maintain a strong internal control environment BPD ARC recently underwent a Statement on Auditing Standards No. 70 (SAS 70) audit of its accounting and travel functions, KPMG LLP, an independent certified public accounting firm under contract with the Department of Treasury Office of Inspector General. The August 28, 2009 KPMG LLP SAS 70 audit found that the BPD ARC controls are suitably designed to provide reasonable assurance that the specified control objectives would be achieved if the described controls were complied with satisfactorily.

AFIA reported that AFRH lacked audited financial statements for FYs 2003 and 2004. However, since that time, AFRH has received unqualified Audit Reports from Brown & Company CPAs, PLLC for FYs 2005-2008. In those reports Brown & Company states that its audits were conducted in accordance with auditing standards generally accepted in the United States of America, and the standards applicable to financial audits contained in "Government Auditing Standards" issued by the Comptroller of the United States and the Office of Management and Budget (OMB) Bulletin 01-02, "Audit Requirements for Federal Financial Statements." In accordance with Government Auditing Standards, Brown & Company also issued reports on the AFRH's internal control over financial reporting and on its compliance with laws and regulations. For each of the four years, Brown & Company reported that they noted no matters involving the internal control and its operation that would be considered material weaknesses. They also reported that they noted no instances of noncompliance with laws and regulations that would have a direct and material effect on the determination of financial statement amounts.

### **Presidential Budget Submission**

AFIA reported that the AFRH Trust Fund Balance included in the Presidential Budget Submission for FY 2008 was in error based on incorrect amounts recorded by AFRH on balances

preceding FY 2004 and prior to migration to BPD ARC for accounting processing. AFIA estimated the amount to be corrected would be an \$11 million increase in the Trust Fund Balance. Subsequent to BPD ARC and AFRH reconciling balances with the Office of Management and Budget (OMB) MAX Information System which is used to produce the President's Budget, it was determined the Trust Fund Balance ending FY 2007 should be increased by \$12 million. This adjustment was made in November 2007 for the FY 2009 President's Budget submission. In the AFRH-BPD ARC Reimbursable Services Agreement BPD ARC provides calculations for the budget formulation process and perform data entry to balance the AFRH MAX account.

### **Financial Management Plan**

AFIA reported that AFRH did not submit a five-year financial plan as required by the Chief Financial Officers (CFO) Act of 1990. AFIA recommended that AFRH submit a five-year financial plan and revise it annually in accordance with the CFO Act of 1990 and section 419, title 24, United States Code (24 U.S.C. § 419 [2006]). AFRH is not included in the list of agencies designated in the Chief Financial Officers Act of 1990, but rather is listed as one of the Executive Agencies subject to the Requirements of the Accountability of Tax Dollars Act (ATDA) of 2002. That Act requires ADTA Agencies to submit to the Congress and OMB an annual audited financial statement, which AFRH included in its Performance and Accountability Report as required by OMB Circular A-123. Also, AFRH reporting information required by 24 U.S.C. § 419 (2006) is included in the 2009 Federal Financial Management Report submitted by OMB in accordance with section 3512, title 31, United States Code (31 U.S.C. § 3512 [2006]). Although not listed as a CFO Agency, AFRH provided the DOD IG inspection team with copies of Long Term Financial Management Plans prepared in 2007 and 2008, including a trust fund solvency analysis and financial management plans through FY 2018. The 2009 Financial Management Plan was being developed at the time of the inspection.

### **Annual Statement of Assurance**

AFIA reported that AFRH did not complete the Annual Statement of Assurance for three years. OMB Circular A-123, "Management Accountability and Control," requires that annually, management must provide assurances on its system of internal control in its Performance and Accountability Report, including a separate assurance on internal control over financial reporting, along with a report on identified material weaknesses and corrective actions if necessary. AFRH has issued the required Annual Statements of Assurance in its Performance and Accountability Reports for FYs 2005 thru 2008. The reports were provided to OMB and other appropriate recipients, and posted on the AFRH website. AFRH continues to report that its internal controls objectives have been achieved with no material weaknesses.

### **Oversight of Financial Transaction Processing**

AFIA reported there was a lack of account reconciliation between AFRH and BPD ARC related to deposit verification and revenue classification. Also, AFIA reported that AFRH did not perform a monthly reconciliation between accounts receivable and the general ledger. In its report, AFIA noted that BPD ARC initiated a requirement for AFRH to furnish a copy of their

accounts receivable subsidiary records each month to correct the problem. AFRH provided the inspection team with a copy of the system procedures which give BPD ARC direct access to AFRH accounts receivable. Also, AFRH published Business Center Standard Operating Procedure No. 2-05, establishing monthly or quarterly requirements of the Business Center. The procedure requires the Business Center to conduct monthly reconciliation between BPD ARC's CASHLINK and the business center deposits. An example of the monthly CASHLINK reconciliation report was provided to the DOD IG inspection team.

AFIA recommended that the CFO establish a tracking system between AFRH and BPD ARC and reach a consensus on the classification of revenue. In response to this recommendation, the CFO developed a standardized accounting system, including lines of account, by revenue classification, which has been coordinated with BPD ARC, who recommended that they be included in the Financial Management Manual. AFRH is in the process of revising the manual with changes estimated to be completed by November 2009.

The AFIA reported that AFRH had not established an effective accounting mechanism for Resident's Funds. The Resident Fund is a non-appropriated fund established to support a variety of projects and activities designed to enhance the morale, welfare, comfort, entertainment, pleasure, contentment, and general well-being of the residents. Funds can only be derived from non-appropriated income sources such as commissions on retail vending sales, operation of on-site concessions, etc. AFRH transferred accounting functions for the Residents Fund to the Navy Morale, Welfare, and Recreation (MWR) Division in Millington, T.N. AFIA reported that it was not clear what duties Millington was to perform for AFRH because there was no formal agreement between AFRH and the Navy MWR. Furthermore, AFRH did not establish procedures to review Resident Fund financial data. AFIA recommended that AFRH develop a formal agreement with the Navy MWR accounting office, and establish procedures for monitoring work performed by Millington. As a result, AFRH now enters into an annual Memorandum of Agreement with the Navy MWR establishing the fee to be paid by AFRH and the work to be performed by the Navy MWR. Also, AFRH published Business Center Standard Operating Procedure No. 2-05, establishing monthly or quarterly requirements of the Business Center. The procedure governing MWR, requires the Business Center to conduct monthly audits of the non-appropriated fund, and reconcile the Millington monthly report with its record of deposits.

### **Government Purchase Card Program**

AFIA reported that AFRH lacked adequate oversight of the purchase card program. AFRH cardholders did not keep a purchase log to aid in the reconciliation process. Also, cardholders were allowed to make purchases without completing the required on-line cardholder training course documented by training certificates. AFIA recommended that AFRH clearly communicate Program Coordinator duties, provide cardholder training, ensure purchase logs are completed; and surveillance is conducted in accordance with applicable directives. Also, AFIA recommended that AFRH establish local guidance to provide thresholds for agency specific purchases.

AFRH issued AFRH AGENCY NOTICE 09-04 publishing the AFRH Financial Management Manual, September 10, 2009. The Manual establishes policies, procedures, and reporting requirements pertaining to the AFRH Financial Management Program. The Manual includes an extensive section on the Purchase Card Program assigning responsibilities and providing guidelines and policies for administration of the Purchase Card Program. It establishes purchase thresholds for different types of purchases. The Program requires Approving Officials and Cardholders complete BPD on-line purchase card training and completing a certificate of training, and signing a statement certifying that they have read AFRH Purchase Card Procedures. The statement becomes available during the training.

Agency Program Coordinators serve as the liaison between the cardholder, Approving Official, and Agency Coordinator on purchase card issues, and ensures the office or organizational unit is complying with purchase card policies and procedures. Detailed procedure were established for cardholders, including the requirement to keep a purchase card log to aid in the reconciliation process; reconcile and submit the e-statement within five working days after the close of the monthly cycle; forward a copy of the e-statement with receipts and supporting documentation for review and retention; and check the reconciliation box to communicate to the Approving Official that the e-statement has been reconciled. The Approving Official has been assigned multiple responsibilities, including ultimate responsibility for proper and correct administration of the program within his/her office; primary responsibility for audit and surveillance of cardholder actions; and responsibility for verifying, certifying, and submitting the monthly statement after the cardholder reconciles it.

### **Golf Course Maintenance Funding**

AFIA questioned AFRH classifying the golf course as a Category B Morale, Welfare and Recreation facility and the policy to pay for golf course grounds repair and maintenance with appropriated funds. AFIA recommended that the AFRH obtain a legal review of this decision. The AFRH requested a legal review by the Department of the Air Force. The legal opinion concluded that the AFRH is not in violation of DOD regulations because AFRH does not operate with appropriated funds, and DOD regulations that prohibit the use of appropriated funds for non-appropriated fund activities do not apply. The legal opinion further stated that AFRH may use monies distributed from the Trust Fund to operate the golf course pursuant to its charter obligation of maintaining the facility for the welfare of the residents.

Observation: Overall, we found that AFRH has taken necessary corrective actions on all findings and recommendations in the 2005 AFIA Triennial Inspection report.

Recommendations: None

## **Tab N – Focus Group and Individual Interview Synopsis**

We conducted Focus Groups (Sensing Sessions) consisting of residents and staff members prior to the on-site inspection phase. During the period of August 3-11, 2009, we conducted 10 Resident Focus Groups and 7 Staff Focus Groups. In total, 54 staff members and 68 residents participated in the Focus Groups. During the on-site phase of the inspection, we also made available DOD Inspector General personnel to provide “walk-in” individual consultations for residents and staff. During these consultations, we spoke with an additional 46 residents. No staff availed themselves of individual consultations. The purpose of the Focus Groups and individual interviews were to gain a sense of resident perceptions related to their quality of life and staff perception relative to their quality of work place.

Relevance: Focus Group sessions and individual consultations were not designed to capture a statically relevant set of observations and comments. The source and total number of staff and residents contacted during Focus Groups and individual consultations does not represent a statistically relevant sampling of each population. Resident Focus Groups were comprised of all volunteer participants. Staff participants were directed to participate as part of their work day. Most residents participated because they had a specific issue they wished to discuss. AFRH staff personnel routinely arrived at the Focus Groups without specific knowledge of why they were asked to attend or the purpose of the discussions desired. As such, staff comments reflected perceptions and impromptu responses to discussion topics offered by Focus Group facilitators in an effort to initiate a dialogue.

### **Residents**

During the Focus Groups and individual interviews, we directly interacted with a total of 114 residents (68 via Focus Group/46 via individual consultations). Overall, we found that the residents were happy to be affiliated with AFRH and described it as a great place to live. Although several topics of concern emerged, there was not complete consensus among the residents as to the significance of issues.

#### **Resident Issues**

a. Lack of Communication. A portion of the residents complained that there was a lack of efficient communication from the management. However, a similar number of residents stated that they were satisfied with the level of communication provided by the management. These residents also asserted that management’s communication was everywhere and that complaining residents just did not avail themselves of communications promulgated. The inspection team attended one “town hall” meeting held by management to discuss the future move to return AFRH Gulfport residents to Gulfport upon completion of re-construction. The team noted that approximately 50 residents attended, although the potential resident population affected by the forthcoming move is over 150. We also noted that the “town hall” presentation was video taped for recurring replay on the AFRH closed circuit television channel.

b. Declining quality of food and quality of preparation. Many residents complained about declining quality of food and the quality of food preparation. However, several residents stated they were happy with the food. The IG Medical Inspector noted recent changes in the dietary regimen and menus due to revisions implemented by the AFRH dietitian/nutritionist. The IG Medical Inspector found the nutrition plan sound. Many members of the inspection team dined in the AFRH cafeteria several times for lunch over the course of the inspection and inspection preparation. A consensus of inspection team members who dined in the AFRH cafeteria is that the “hot line” food (both diet line and regular line) is satisfactory in presentation and taste. Most inspection team members eventually opted for the speed line of hamburgers and hot dogs for lunch.

c. Lack of sponsored weekend recreational activities/tours. Many residents noted a lack of weekend off-site recreational activities. Resident opinions indicated there were very few organized recreational activities available on the weekends.

d. Declining military orientation/esprit de corps within AFRH. Many residents voiced concern related to a lack of uniformed military presence within the management of AFRH and indicated a corresponding decline in the military orientation and esprit de corps within the home. We did not note any resident opinions that were contrary to this concern, but we did note that many residents were apathetic to the issue. The IG team did observe that as we entered the campus and toured the facilities of AFRH we did not have an overwhelming sense of being in a military-oriented facility. There are many military-oriented pictures and statues throughout the campus; however, there was not a sense of military based orientation or protocol.

e. Diminished on-site medical services. Several long-term residents complained about diminished availability of medical services at the AFRH (W) facility. Complaints were voiced related to residents having to travel to Walter Reed Army Medical Center or the Veterans Administration Hospital to receive services previously provided on-site at AFRH (W).

f. Finance – \$0.50 to \$1.00 Active Duty pay withholding. Most residents are aware that legislation authorizes an increase in Active Duty enlisted member withholding from \$0.50 up to \$1.00. Residents with complaints about services provided usually referenced this authority to improve the service area of concern, e.g., additional funds could be used to improve perceived food quality and declining services.

#### Inspectors Sense of Resident Quality of Life

The residents of the AFRH home are generally satisfied and happy to be affiliated the ARFH. The ARFH population encompasses several generations of residents. Some resident who have lived at AFRH (W) for many years have seen many changes in management and strategic focus occur over the last few years. Those residents who have been affected by changes are most vocal as to the adverse ramifications of those changes. Newer residents for whom the standard operating procedures are as they were upon their arrival generally had fewer complaints. It is clear that the residents of AFRH are proud of their military heritage and their bond as veterans. One resident stated that residents of AFRH should be referred to as “members” instead of



residents. Every resident we spoke with was proud of their respective service and even those with complaints and recommendations were very happy to be living at AFRH and offered numerous positive comments about the home, e.g., “I can’t think of anywhere I would rather be.”

## **Staff**

During Staff Focus Groups we interacted with 54 AFRH personnel. Generally, all staff personnel who offered opinions were happy to be affiliated with the AFRH. Staff participants indicated a wide range of time in AFRH employment ranging from 6 months to over 20 years. Those with longer service noted that they had seen significant change over the last several years with regard to staffing and on-site services provided to the residents, although those comments were not qualified as either good or bad from a staff perspective. There were several areas of concerns for which there seemed to be consensus of opinion from staff participants:

### **Staff Issues**

- a. Lack of communication from top and mid-level management to individual employees. Junior staff stated they received little routine communication related to issues affecting staff, residents, or AFRH in general.
- b. Ineffective Appraisal System/Utilization: Staff noted that the appraisal system was ineffective, most stating they had not received mid-year counseling or end of performance cycle appraisals. *Note:* this was voiced more from junior staff personnel than from mid or senior level staff personnel.
- c. Apprehension of adverse consequences resulting from communicating issues of concern from junior staff to senior staff. Junior personnel expressed they did not feel at liberty to voice issues of concern within their management structure.
- d. Many junior employees indicated that they were not sure of AFRH “Chain of Command.”
- e. Nursing Assistant staff viewed their staffing levels as inadequate (especially when absences occur).

### **Staff Motivators Desired**

- a. Opportunity for career advancement within AFRH (W).
- b. Educational monetary assistance to support career advancement.

### **Inspectors Sense of Staff Quality of Work Place**

The staff is generally happy with their work place. There is apprehension throughout junior staff resulting from reported changes in resident care philosophy which resulted in the migration of many previous on-site resident medical services to other agencies such as WRAMC or VAMC. Staff personnel stated that as services migrated, staff (especially medical) positions at AFRH

diminished. Also noted by staff participants was a significant change in AFRH (W) medical leadership over the last few years. Our sense is that the staff (especially junior medical staff) does not have a clear picture of the AFRH strategic plan and do not understand their specific roles in that plan. As such, the junior staff only sees diminished billets and are left to their own imagination as to rationale and “who may be next.”

### **Use of Focus Group/Individual Interview Observations**

We incorporated our observations from Focus Groups and individual interview observations within the scope and focus of our on-site inspection review process. Additionally, we discussed our observations with AFRH management during the on-site inspection phase out-brief that occurred September 18, 2009, and provided a written synopsis of our observations to the AFRH (W) Ombudsman for review.

## Appendix A. Inspection Announcement Letter



INSPECTOR GENERAL  
DEPARTMENT OF DEFENSE  
400 ARMY NAVY DRIVE  
ARLINGTON, VIRGINIA 22202-4704

May 1, 2009

MEMORANDUM FOR UNDER SECRETARY OF DEFENSE FOR PERSONNEL  
AND READINESS  
DIRECTOR, TRICARE MANAGEMENT ACTIVITY  
CHIEF OPERATING OFFICER, ARMED FORCES  
RETIREMENT HOME

SUBJECT: Inspection of the Armed Forces Retirement Home, Washington D.C.  
(Project No. D2009-DIP0E2-0001.000)

The purpose of this memorandum is to announce the subject inspection.


Public Law 110-181, "National Defense Authorization Act for FY 2008," section 1422, amends the Armed Forces Retirement Home Act of 1991, Title 24, United States Code (24 U.S.C. 418) and legislates that the Inspector General of the Department of Defense (DoD IG) will inspect the Armed Forces Retirement Home (AFRH), and states:

In any year in which a facility of the Retirement Home is not inspected by a nationally recognized civilian accrediting organization, the Inspector General of the Department of Defense shall perform a comprehensive inspection of all aspects of that facility, including independent living, assisted living, medical and dental care, pharmacy, financial and contracting records, and any aspect of either facility on which the Local Board for the facility or the resident advisory committee or council of the facility recommends inspection.

The amendment further directs that the Secretary of Defense will designate a medical inspector general of a military department to assist the DoD IG during the inspection. Liaison with the Office of the Under Secretary of Defense for Personnel and Readiness (OUSD(P&R)) indicates that the Air Force Inspection Agency will be designated to comply with this requirement.

As discussed with the OUSD(P&R), the TRICARE Management Activity, and the AFRH, the DoD IG will conduct the onsite subject inspection commencing on September 14, 2009. However, as discussed with your representatives, data gathering will begin prior to our actual onsite inspection. The inspection team will inspect only the Washington, D.C. facility because reconstruction of the Gulfport, Mississippi, facility is not scheduled for completion until 2010.

We will consider suggestions from the OUSD(P&R), the TRICARE senior medical advisor to the AFRH, the Local Board, and the AFRH Resident Advisory Committee in determining the inspection objectives. Our point of contact is Mr. Vincent M. Scott, (703) 604-9140, [vincent.scott@dodig.mil](mailto:vincent.scott@dodig.mil).



Win Brem Morrison, III  
Assistant Inspector General  
for Inspections and Evaluations

cc:

Principal Deputy Under Secretary of Defense for Personnel and Readiness  
Deputy Under Secretary of Defense for Personnel and Readiness  
Deputy Under Secretary of Defense for Military Community and Family Policy  
Inspector General of the Army  
Naval Inspector General  
Inspector General of the Air Force  
Inspector General of the Marine Corps  
Deputy Director, TRICARE Management Activity  
Deputy, Chief Operating Officer, Armed Forces Retirement Home

## Appendix B. Department of Defense Inspector General/Air Force Inspection Agency Memorandum of Understanding

### MEMORANDUM OF UNDERSTANDING BETWEEN THE DEPARTMENT OF DEFENSE INSPECTOR GENERAL AND THE AIR FORCE INSPECTION AGENCY IN THE CONDUCT OF THE 2009 INSPECTION OF THE ARMED FORCES RETIREMENT HOME

#### I. REFERENCES

- A. Public Law 110-181, "Department of Defense Authorization Act for FY 2008," section 1422.
- B. OUSD(P&R) Email: Mr Myers to Col Kingsley, May 5, 2009.
- C. DoDIG AFRH Inspection Announcement Memorandum, May 1, 2009.

#### II. BACKGROUND AND PURPOSE

The purpose of this Memorandum of Understanding (MOU) is to clarify roles, responsibilities and relationship between the Department of Defense Office Inspector General (DoDIG) and the Air Force Inspection Agency (AFIA) in planning, executing and reporting the inspection of the Armed Forces Retirement Home (AFRH).

Reference A amended the Armed Forces Retirement Home Act of 1991, Section 1518, Title 24, United States Code (24 U.S.C. 418) and legislates that:

In any year in which a facility of the Retirement Home is not inspected by a nationally recognized civilian accrediting organization, the Inspector General of the Department of Defense shall perform a comprehensive inspection of all aspects of that facility, including independent living, assisted living, medical and dental care, pharmacy, financial and contracting records, and any aspect of either facility on which the Local Board for the facility or the resident advisory committee or council of the facility recommends inspection.

The Inspector General shall be assisted in inspections under this subsection by a medical inspector general of a military department designated for purposes of this subsection by the Secretary of Defense.

Reference B requested AFIA support for the medical portion of the 2009 AFRH inspection.

Reference C announced the inspection of the Armed Forces Retirement Home. Inspection research and preparation began on May 1, 2009. On-site inspection of the AFRH begins on September 14, 2009.

### III. OBJECTIVES

In accordance with Reference A, the objective of this inspection is to perform a comprehensive inspection of all aspects of the AFRH - Washington D.C. to determine compliance with applicable laws and regulations pertaining to:

- Senior Management
- Human Resources
- Admissions Eligibility
- Resident Services
- Information Technology
- Civil Engineering
- Financial Operations
- Contracting
- Voting Program
- Estate Matters
- Medical Care
- Dental Care
- Pharmacy Operations
- Hotline Activity
- Response/action taken on previous inspection/evaluation recommendations

### IV. SCOPE

This MOU describes the roles, responsibilities and relationship of the DoDIG and AFIA in the conduct and completion of the 2009 inspection of the AFRH.

### V. PROCEDURES

- A. The DoDIG will lead the inspection.
- B. The scope, objectives and design for the inspection will be directed by the DoDIG.
- C. AFIA will provide a minimum of two medical inspectors to address medical care, dental care, pharmacy operations, and previous medical facility certification or evaluation recommendation/compliance status follow-up.
  1. AFIA will attend meetings as scheduled by the DoDIG during the inspection planning phase. (Dates and times of meetings will be

determined collaboratively to best accommodate other AFIA commitments.)

2. AFIA will develop guide/checklists for their assigned inspection areas.

3. AFIA will conduct inspection of the AFRH for their assigned inspection areas.

4. AFIA will contribute report findings for their assigned inspection areas subsequent to inspection and provide continuous liaison with DoDIG until release of the final report product.

5. AFIA will arrange all travel and lodging requirements for AFIA assigned personnel.

D. DoDIG will fund all inspection related AFIA personnel travel, lodging and per diem.

1. AFIA will be represented by two personnel:

Lieutenant Colonel, USAF, currently assigned to DC area-local travel only.

Colonel, USAF, currently assigned to Ramstein Air Force Base Germany-travel will include: transportation, lodging, Per Diem, miscellaneous and rental car.

E. DoDIG will provide AFIA detailees with office space, badges for office access, equipment and computer network access.

F. DoDIG will archive working papers associated with this project. All working papers will be made available to AFIA upon request.

G. As required, the DoDIG Project Team Leader will hold pre-inspection planning and in-process reviews, as required.

H. The DoDIG Project Team Leader will supervise a collaborative process to draft and edit the final report.

I. The final report will be published by the DoDIG.

## VI. CONTACTS

### DODIG


Vincent M. Scott  
Project Team Leader  
Inspections and Evaluations  
U.S. Department of Defense  
Office of the Inspector General  
400 Army Navy Drive, Room 814  
Arlington, VA 22202-4704

### AFIA

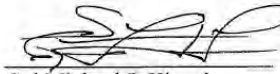
Col Roger R. Hesselbrock  
Deputy Director, Medical Operations  
Air Force Inspection Agency  
HQ AFIA/SG2  
9700 G. Ave. SE, Suite 310A  
Kirtland AFB NM 87117-5670

## VII. EFFECTIVE DATE

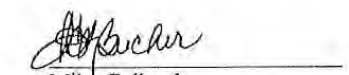
This Memorandum of Understanding will be effective upon signature by both parties below and expire 90 days after publication of the final report.

  
Charles W. Beardall  
Department of Defense  
Deputy Inspector General  
for Policy and Oversight.

6/3/09  
Date

  
Col Michael J. Kingsley  
Commander  
Air Force Inspection Agency

3 June 09  
Date

  
Mike Culbreth  
Department of Defense  
Deputy Inspector General  
Comptroller

6/3/09  
Date

### Coordination:

**DoDIG**  
P&O (Stack) \_\_\_\_\_  
Gen'l Counsel \_\_\_\_\_  
OCCL \_\_\_\_\_  
A&M \_\_\_\_\_  
ISD \_\_\_\_\_  
Office of Security \_\_\_\_\_

**P&R**  
Program Office \_\_\_\_\_



## Appendix C. Local Board Inspection Input

### Scott, Vincent M., OIG DoD

---

**From:** Glenn, Ricardo A COL MIL USA USAIGNET [ricardo.glenn@lgnet.army.mil]  
**Sent:** Friday, June 12, 2009 12:46 PM  
**To:** Scott, Vincent M., OIG DoD  
**Subject:** FW: (UNCLASSIFIED)  
**Attachments:** AFRH DoD IG Inspection.doc



AFRH DoD IG  
Inspection.doc (25...)  
Classification: UNCLASSIFIED  
Caveats: NONE

Mr. Scott,

MG Hawley-Bowland requested that the above nine items, in the attachment, be included in your inspection if possible. I, the undersigned, will be your point of contact.

Thanks!

v/x,

RICARDO A. GLENN  
COL, USA  
North Atlantic Regional Medical Command  
Command Inspector General  
DSN 662-3529 COMM (202) 782-3529  
FAX (202) 782-3522

Classification: UNCLASSIFIED  
Caveats: NONE

#### INSPECTOR GENERAL SENSITIVE INFORMATION

The information contained in this e-mail and any accompanying attachments may contain Inspector General sensitive information, which is protected from mandatory disclosure under the Freedom of Information Act (FOIA), 5 USC ?552. Matters within IG records are often predecisional in nature and do not represent final approved DA policy. Dissemination is prohibited except as authorized under Army Regulation 20-1. Do not release outside of DA channels without prior authorization from The Inspector General. If you are not the intended recipient of this information, any disclosure, copying, distribution, or the taking of any action in reliance on this information is prohibited. If you received this e-mail in error, please notify us immediately by return e-mail.

DoD IG Inspection of Armed Forces Retirement Home (AFRH)

Proposed Objectives and Questions:

1. How is medical care tracked between medical facilities? Example: care provided by an Army medical facility and the AFRH medical staff.
2. How are discharge planning and follow-up care coordinated between discharging hospital and AFRH?
3. What measures are in place and/or databases utilized to ensure continuity of care for AFRH residents?
4. What control measures are in place to ensure the 5 “R”s are followed for medication procedures? RIGHT – Patient, Time, Dose, Medication, Route.
5. What quality control measures are in place to ensure custodial services and maintenance is accomplished to the appropriate standard?
6. Is the AFRH in compliance with the established baseline standards in accordance with Public Law 110-181, AFRH Act of 1991, Section 1518?
7. What procedures are in place to monitor allergies to medications?
8. What ADLs (Activities of Daily Living) are in place to ensure residents receive proper care?
9. What guidelines are used to transfer residents to a different level of care? What is the process?

## Appendix D. Resident (Recreation) Services

The following narratives describe AFRH-W Recreation Services activities and programs:

**Scott Library:** The library is daily from 8:00 am – 4:30 pm including weekends and holidays. There are 15 volunteers that work in the library, in addition to the librarian who has been there since July 2008. Residents of the Home, their guests, AFRH non-resident employees residing on the Home grounds and AFRH civilian employees are eligible to borrow library materials. The library was clean, well organized and well-stocked with a variety of books (fiction and non-fiction), a large selection of DVD's, resource materials and equipment that included three computers, a typewriter, and a desk top magnification reader. It also contained a large selection of military history books and large-print books. The library is two-storied with a side access door for handicap use. The library rotates books with the D.C. Public Library. The future plans are to go on-line with a check-out system for obtaining books and other materials. It should be up and running in the fall of 2009. To check out materials, an authorized individual must have an AFRH (W) ID badge. The application process takes approximately 30 seconds to do and a bar code number is affixed to the ID badge.

The reading room (Fish Tank Room) is located in the front of the Library. It is open 24 hours and year-round. It provides a quiet and cozy setting and is open to everyone at the Home. Checkout of books and other materials is accomplished using the honor system with no problem. The reading room has a good selection of periodicals, books and VHS/Movies. Residents can bring in their own periodicals and display them for everyone's use. The Computer Activity area consists of four computers and a printer. The computers are authorized for the purposes of email, writing letters and printing only.

**Music Room:** The music room is located next door to the Library. It operates under the same guidelines as the library as far as hours of operation and authorized users. However, special programs often have varied hours. The key to this room is maintained in the library. There is a sign up sheet at the door upon entering the room. Monthly sing-a-longs are held on the last Tuesday of the month. The Music Room is set up primarily for the residents use as a leisure time activity to enrich their lives through music. It is well stocked with a variety of music material such as CDs, records and musical cassettes. The material in the room can be borrowed and returned on the honor system.

**Computer Lab:** The Computer Lab is located in the Sheridan Building and is used for structured classes taught by instructors only. The Computer Lab is open during specific times when classes are being conducted by staff or volunteers. Otherwise this room is kept locked to avoid any mishaps with the computers. There are 10 computers in the room with printers. There is one open lab on Tuesday's with one-on-one instructions. The room was clean, well organized and properly ventilated. Patrons are responsible for abiding by the policies, rules and guidelines posed in the computer rooms/lab. **A Game Room:** is located on the other side of the Computer Lab. The Game Room is open 24 hours a day seven days a week. There are six computers in the room with no internet service. It is used strictly for computer games.

**Ceramics Studio:** The Ceramics Studio is managed by a full-time Art Specialist and several resident volunteers. The shop was clean, spacious, properly ventilated and well equipped. Residents with on-going projects had 24-hour access to the Shop on an as needed basis.

**Wood-Hobby Shop:** The Wood Hobby Shop is managed by four resident volunteers. The volunteers perform all of the wood cutting services as well as instruction and assistance to customers as requested. The Wood Shop was well maintained, properly ventilated and had an adequate selection of tools, machinery, instructional material, and supplies.

**Pinochle/Card Room:** The Pinochle/Card Room is located in the Scott Building and is open 24 hours a day. The card rooms are made available to AFRH residents for recreational use. Only the Residents of the Home are allowed to use the Pinochle/Card Room.

**Scott Sports Lounge:** The Scott Bar Lounge is located in the Scott Building and has been operated by the Army and Air Force Exchange Service (AAFES) for over 23 years. Two years ago food service was discontinued because the food operation was losing money. The bar area is open from 5 pm – 10 pm daily. In the evening, the lounge has a low turn out of perhaps 8 to 10 residents. The lounge is used about 5 to 8 times per week for special events such as bingo, swing dances, band performances, card games, volunteer groups, focus groups, RAC meeting, and Residents reserve the area for any special event they would like to sponsor. AFRH (W) intends to have a Lounge/Bar area in the new Scott building. They have had a lot of discussion on who they will manage the Lounge and they have as of yet to put a final plan in place. The Chief of Resident Services said that it would most likely be run by AAFES with the hope they would provide some sort of food offering. The Home would operate it during the same hours as they do now and use it during the day for various events.

**Fitness/Wellness Center:** The Fitness Center is open 24 hours a day, seven days a week. The facility is managed by a Recreation Assistant Fitness Specialist and resident volunteers. The facility has state of the art equipment geared toward the aging population. It includes cardiovascular and strength- training equipment to meet the many needs of the Resident. The facility is clean and well maintained with 24-hour security monitoring. Residents exercise “Germ Free” practices ensuring that the equipment is wiped down after each use. There were also anti-bacteria wall mounted dispensers throughout the facility. The facility is in the process of installing non-skid strips in the shower area. There have been no incidents of accident due to not having them but they are being installed as an additional precaution. Each locker room has a sauna that is locked and carefully monitored to ensure resident safety.

**Fitness Center Locker Operation and Distribution:** All lockers are issued from the Sheridan Fitness Center. Residents and non-resident employees may be issued lockers on a monthly and daily basis. There is no fee for this service. The issue of lockers is updated monthly.

**Bowling Center:** The Bowling Center is open Monday-Sunday 1:00-5:00 pm and has six lanes. The resident volunteers manage the Bowling Center which is going very well. The facility is clean and well maintained. The Bowling Center averages 300 bowlers a month and it is free. On occasion the Bowling Center sponsors activities from the outside of the Home for the Residents. The Bowling Center is currently in the process of obtaining a new scoring system.

**Auto Hobby Shop:** The Auto Hobby Shop is located a few minutes away by car from the Scott and Sheridan Building. The Auto Hobby Shop is open Monday – Friday depending on the availability of the 4 volunteers that manage the shop. The Auto Hobby Shop is set up primarily for residents use as a leisure time and/or therapeutic opportunity to enrich their lives with automotive skills. However, AFRH (W) employees and their dependents residing on the home grounds are eligible to use the facility. The Auto Hobby Shop has eight bays and is primarily used for oil change and car wash only. The facility was clean and well organized. There were caution signs posted on the walls requiring safety glasses and safety standards are enforced. There was eye protection along with two eye washers in the shop. The parts washer tank is emptied monthly because it contains chemicals. The oil drums located outside of the shop are picked up and emptied quarterly or as needed. There were several antique cars in the shop that belonged to one of the residents. He is working on them for an upcoming antique care show.

**Golf Course:** The Golf Course is open year round and opens at 7:00 am and closes at dusk, weather permitting. The Golf Course includes a nine-hole course, driving range and putting green. The Golf Course is primarily for the use of residents and their guest, although other users are authorized, such as members of the community (Associate Members) who are extended facility privileges based on course capacity, and charged dues as a means of generating funds to defray operating costs. There are approximately 300 Associate Members that are registered to use the Golf Course. The Golf Course Annual Associate dues & fees for 2009 are \$550.00. The weekday and weekend guest fees are between \$12 (9-holes) to \$25 (18-holes). The Grounds appeared to be well maintained. Resident golfers of the Home have priority at all times on the golf course, range, and with the use of power golf carts. This issue was mentioned during several of our focus groups. However, rules and regulations of the Home to include priority of Residents are provided to all Associate Golf Members. In addition, each golfer must sign in before playing on the Course. Safety measures are taken to ensure that all members are accounted for at the end of the day.

**Fishing Pond:** The Fishing Pond was closed at the time of the on-site inspection due to repair. A catch and release rule will be in place once it reopens. The U.S. Coast Guards adopted the Fishing Pond in 2008 as one of their projects. The U.S. Coast Guard repaired the railings surrounding the pond, including building a bridge and steps. Recreational Services provided the lumber for this project and Campus Operations does the maintenance. Some fishing poles are available for use, but most residents have their own fishing gear.

**Resident Garden Plots:** Fourteen gardeners manage 23 plots which is down from previous years due to the age of the residents. The Recreation Assistant (fitness specialist) ensures the garden plots are being maintained. At the beginning of the spring season the area is plowed and the areas are measured for distribution. Once this is done the Resident takes over. The gardens are normally maintained until the first frost. The area is much smaller now due to the reduced number of Residents that garden. Safety measures are taken to prevent West Nile Disease by ensuring there is no standing water in the area. There are a number of events that take place during the year that reward the Residents for having a nice garden. Several storage places stocked with wheel barrels, tomato stakes and water hoses were available for the residents. There is campus phone and a restroom that is within close proximity of the garden plots.

**Bicycle/Tricycle Program:** The Bicycle/Tricycle shop is located at the Auto Hobby Shop. A Resident volunteer manages this program. A card system is used for daily and monthly rental. Bikes are parked in front of the Sheridan and Scott Building so residents can use them if interested.

**Guest Room Accommodations:** There are 18 rooms in the Scott Building that have been converted to regular rooms. The rooms include private shower and refrigerator and phone. Seventy five percent of the rooms are occupied on a daily basis. The cost is \$30.00 for double and \$25.00 for a single. A guest can only stay up to five days in the room. Active duty and retirees are allowed to stay, but resident's relatives take priority.

**Thrift Shop:** The Thrift shop is located in the Sheridan building. The Thrift shop is a resource allowing patrons to sell and purchase items. Revenue is generated for the seller and for the AFRH Resident's Fund through property donations. The Thrift shop is open for business from 8:30 am to 11:30 pm hours Monday, Wednesday, and Friday, and 1:00 pm to 4:00 pm on Thursday. The Thrift shop is managed by Resident volunteers. The Resident Advisory Counsel (RAC) manages resident's consignments and the recreation director manages donations of deceased member's items. The resident is notified once their item is sold and provided with the money. This process runs smoothly.

**Wrapping Room:** The Wrapping Room is located in the Sheridan Building. The wrapping room is open Monday-Friday, 8:00-10:00 am. The wrapping room is set up primarily for wrapping packages and to obtain wrapping materials and supplies. A Resident volunteer maintains the daily usage of the room. The supplies in this room are paid by Non-appropriated Funds (NAF).

**Volunteer Services Program:** The Volunteer Services Program is made up of Residents and Community Volunteers. Some of the resident volunteers receive stipends (pay), but most do not. The AFRH Volunteer Stipend Program pays \$120.00 per month for 12 hours of work per month. A resident cannot get extra pay for working more than 12 hours per month although many work additional hours. The stipend program has been in existence for 3-4 years. Community groups also volunteer at the Home to include a large number of active duty members. The number of times that the various groups visit the Home varies.

**Recreation Therapy/Multi-Purpose Room:** Recreational Therapy is held on the main floor in the LaGarde Building. Therapeutic recreation programs are designed to address specific needs, psychosocial, cognitive, physical or emotional. Activities are geared towards meeting the needs of patients as well as the recreation needs of other patients. Some of the activities include sedentary activities, active games, social, group entertainment and outdoor activities to name a few. The Residents are provided a monthly schedule of trips and activities.

**Museum:** The Museum was closed at the time of the onsite inspection. The Chief of Resident Services stated that many years ago the Museum was transferred to the Library for management. It was only open two days a week and the Home had Resident volunteers that would attend during opening hours. However, the Museum only had about one person visit per week, so the Resident volunteers did not feel productively engaged. As a result, AFRH (W) decided to close the Museum based on lack of interest on the part of the residents. The Resident Advisory

Counsel (RAC) was approached to determine if they would be interested in operating the museum, however, the RAC showed no interest.

The Chief of Resident Services further stated that the museum is very small and has only a few items of interest. He said that the Home had a professional company come in and inventory all items with historical significance in the museum as well as throughout the installation. The Home intends to open a Hall of Honor, in the new Scott project in the new Commons building that will house most of their historical items. The Hall of Honor is envisioned as a museum setting and will be accessible 24 hours a day.

Recreation Trips: Resident's surveys and town hall meetings are used to determine the types of trips to schedule. AFRH (W) is also on various mailing lists to include the Pentagon Morale, Welfare and Recreation (MWR) association. On some occasions tickets are donated to the home, in which case the resident must provide their own transportation.

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## Appendix E. OUSD (P&R) Management Comments



PERSONNEL AND  
READINESS

OFFICE OF THE UNDER SECRETARY OF DEFENSE  
4000 DEFENSE PENTAGON  
WASHINGTON, D.C. 20301-4000

18 FEB 2010

MEMORANDUM FOR OFFICE OF THE INSPECTOR GENERAL, DEPARTMENT  
OF DEFENSE

Subject: Response to Draft Report-Inspection of the Armed Forces Retirement Home  
(Project No. D2009-DIPOE2-0001.000)

As requested in your memorandum dated January 28, 2010, our responses to the applicable recommendations in the subject draft report are attached. Armed Forces Retirement Home (AFRH) will provide their responses directly to your office. Thank you for this professional, comprehensive review of AFRH's programs and operations. Following receipt of the discussion draft, we had a very productive discussion conference on the way ahead and we appreciate the opportunity to comment on the draft report. Please extend our sincere thanks to the Team Leaders, Mr. Vincent Scott and Mr. Phil VanLandingham and their team of experts. We have already benefited from this review and will continue to follow-up on all recommendations.

Sincerely,

A handwritten signature in black ink, appearing to read "Arthur J. Myers", is written over the typed name.

Arthur J. Myers  
Principal Director  
(Military Community and Family Policy)

Attachment:  
as stated

**Office of the Under Secretary of Defense (Personnel and Readiness) (OUSD(P&R))**  
**Response to Recommendations**  
**Draft Report-Inspection of the Armed Forces Retirement Home (AFRH)**  
**(Project No. D2009-DIPOE2-0001.000)**

A-2: AFRH and OUSD(P&R) should consider the benefits of improving some residents' perceptions of management and their morale now negatively affected by the lack of a uniformed military presence in AFRH (W) management infrastructure (Deputy Director). If not considered prudent or feasible, the AFRH (W) and OUSD (P&R) should seek relief from 24 U.S.C. § 417 (2006) Deputy Director requirement for AFRH (W).

**Concur:** Maintaining a strong military presence and preserving the military heritage is critical. With OUSD(P&R) monitoring, AFRH management inculcates the military culture through hiring practices, active duty and retired military volunteerism, day to day activities, and special events. OUSD(P&R) will review manpower requirements to determine if workload supports a deputy position and if it doesn't we will seek legislative relief.

A-3: OUSD(P&R) should provide the Local Board of the AFRH (W) with guidance related to their duties as delineated by 24 U.S.C. § 416 (2006), as amended by PL 100-181, and direct the Local Board of AFRH (W) to engage the AFRH management in a proactive guidance and advisory role.

**Concur:** DoD Instruction 1000.gg, "Armed Forces Retirement Home" dated 27 January 2010 provides guidance for Local Board(s) related to their duties. This Instruction has been provided to the Chairman and Local Board members and we will continue to require AFRH management to use the Local Board in a proactive manner. We also intend to evaluate the existing membership and overall Local Board requirements to determine a more effective advisory role, particularly in light of the reopening of AFRH-Gulfport this year.

A-4: OUSD(P&R) should establish a management protocol to ensure that the Local Board of AFRH (W) proactively participates in an annual AFRH (W) assessment or causes the annual assessment to be conducted by an independent assessment body.

**Concur:** OUSD(P&R) and AFRH (W) will consult with the Local Board regarding the most effective course of action to meet the intent of the law.

A-5: OUSD(P&R) should ensure that the Deputy Director of the TRICARE Management Activity (TMA) carries out the legislated role of AFRH Senior Medical Advisor (SMA). OUSD (P&R) should direct the SMA to schedule AFRH (W) for recurring dedicated inspections of the medical facilities and medical operations to include an audit of medical records and administration.

**Concur:** DoDI 1000-gg “Armed Forces Retirement Home” outlines the responsibilities of the Deputy Director, TMA as the SMA for AFRH. The SMA has designated a liaison officer to interface with AFRH management. To ensure compliance with the intent of the SMA legislative role, OUSD(P&R) and AFRH continue to liaison with the SMA to provide assistance to the Local Boards, participate in quality assurance meetings, and develop a long range schedule for inspection/medical oversight activities.

A-6: OUSD(P&R) should determine, clarify, and define management alignment and appropriate policy and governance oversight authorities for the AFRH. If warranted, OUSD (P&R) should seek legislation to aid in establishing clear authorities.

**Concur:** DoDI 1000-gg, “Armed Forces Retirement Home” establishes policy and assigns responsibilities in accordance with chapter 10 of title 24 U.S.C. Additionally, we have begun the dialogue with AFRH Management, the SMA, and the Chairman of the Local Board to identify overlapping responsibilities and consider legislative changes that would streamline and improve AFRH oversight and Local Board involvement.

A-7: OUSD(P&R) should promulgate all desired DOD guidance deemed applicable to AFRH.

**Concur:** DODI 1000-gg, “Armed Forces Retirement Home (AFRH)” provides applicable DoD guidance to AFRH. As an independent establishment in the Executive Branch, DODI 1000-gg specifically states that AFRH is not part of the Department of Defense and is not subject to DoD policy and issuances except when expressly made applicable to AFRH.

A-8: OUSD(P&R) should ensure coordinated nonreimbursable DOD legal support for AFRH and require that AFRH obtain its legal advice through one designated legal office.

**Partially Concur:** AFRH (W) receives legal support from both the Secretary of Defense, Office of General Counsel (OGC) and the 11<sup>th</sup> Wing Command Judge Advocate located at Bolling Air Force Base. Legal support provided to OUSD(P&R) from the DoD OGC on AFRH matters is provided on a nonreimbursable basis. Legal support provided to AFRH management from the 11<sup>th</sup> Wing Command Judge Advocate is reimbursed.

A-9: OUSD(P&R) should review annual and periodic inspection requirements contained within 24 U.S.C. § 411, 416, 418 and new section (413a) provided in Public Law 110-181, to determine the most effective and beneficial source and timing of AFRH oversight inspections. USD (P&R) should also seek modifications to 24 U.S.C. Chapter 10 (2006), as amended by PL 110-181, as necessary to provide the most effective and efficient inspection oversight.

**Concur:** We are reviewing the current inspection/review requirements from the national accrediting organization, DoD IG, SMA, and the Local Board(s) of Trustees and intend to propose legislative changes to improve the inspection/oversight function.

I-2: OUSD(P&R) should direct the Senior Medical Advisor (Deputy Director TMA) to determine, in consultation with the Armed Forces Retirement Home Chief Operating Officer and Medical Director, an appropriate practice for supplementing Commission on Accreditation of Rehabilitation Facilities (CARF) accreditation through a focused, ongoing clinical review and oversight element.

**Concur:** The SMA is currently reviewing this recommendation.

## Appendix F. AFRH Management Comments



Armed Forces Retirement Home  
Office of the Chief Operating Officer  
3700 N. Capitol Street  
Washington, DC 20011-8400

February 19, 2010

Mr. Charles W. Beardall  
Deputy Inspector General for  
Policy and Oversight  
Department of Defense  
400 Army Navy Drive  
Arlington, VA 22202-4704

Dear Mr. Beardall:

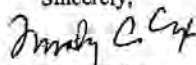
The Armed Forces Retirement Home (AFRH) appreciates the opportunity to provide comments on the findings and recommendations contained in the DoD IG Draft Inspection Report of the AFRH (Project No. D2009-DIPOE2-0001.000).

I would like to personally thank the members of the inspection team for conducting a thorough and comprehensive review of AFRH programs, operations and services. Mr. Vincent Scott, the project leader, is to be commended for his outstanding leadership and specifically for his innate ability to readily understand the unique mission goals, objectives and challenges of the Home.

In accordance with DoD Directive 7650.3, the AFRH hereby submits its comments/statement of actions regarding DOD IG findings and recommendations. Our response provides feedback on corrective actions already been taken and actions planned for the future.

I trust our response will satisfy each concern and recommendation outlined in the DOD IG Inspection Report. Should you have additional concerns or need additional information, I ask that you contact my [REDACTED]

Again, thank you for supporting the AFRH and the Distinguished Residents who call the AFRH their Home.

Sincerely,  
  
Timothy C. Cox  
Chief Operating Officer

# DoD IG DRAFT REPORT – Dec 2009

Issue	IG Finding	IG Recommendation	Status Report from Home
<b>A. SENIOR MANAGMENT</b>			
<b>A-1. Chief Operating Officer</b>	Chief Operating Officer was unable to provide documentation of facilities inspections conducted by his office.	The Armed Forces Retirement Home Chief Operating Officer should establish a more formalized and recurring AFRH facility inspection protocol, with recorded documentation of observations and corrective actions.	Concur: Agency policy is being drafted and will be published June 2010. Policy will include standardized AFRH Internal Inspection checklist which will be available to future DoD Inspectors and civilian accreditation entities.
<b>B. ADMISSIONS/ELIGIBILITY</b>			
<b>B-1. Admissions/Eligibility</b>	<p>1. AFRH has not prescribed rules beyond the statutory resident eligibility categories to supplement eligibility standards for the acceptance of residents.</p> <p>2. AFRH personnel have requested legal assistance in interpreting terminology, but no rules have been prescribed by the Chief Operating Officer supplementing residency requirements.</p>	The Armed Forces Retirement Home Chief Operating Officer should establish prescribed rules through formal policy and guidance to determine resident eligibility as required by 24 U.S.C. § 412 (2008).	Concur: After reviewing a legal opinion for residency requirements requested by the AFRH, a draft Agency notice is being issued that will provide additional details on resident eligibility to supplement the current eligibility standards. After 1-year, the information in the Notice will be incorporated into the Agency Directive 8-5 "AFRH Admissions Program". Notice will be issued in June 2010.

## DoD IG DRAFT REPORT – Dec 2009

Issue	IG Finding	IG Recommendation	Status Report from Home
			<p>Note: AFRH routinely issues policy changes in the form of a Notice to communicate the change to staff and to establish any needed agreements or other requirements. After 1-year the Notices are incorporated into Agency Directives.</p>
<p><b>B-2. Admissions/Eligibility</b></p>	<p>The AFRH admission process does not currently include a background check ensuring applicants have not been convicted of a felony.</p> <p>AFRH Agency Directive 8-5: "AFRH Admissions Program" is a draft policy that proposes requiring security background checks for approved residents with reporting dates. The directive has not yet been implemented.</p>	<p>The Armed Forces Retirement Home should conduct background checks on approved residents with reporting dates to ensure eligibility requirements are met as prescribed by 24 U.S.C. § 412 (2008).</p>	<p>Concur: AFRH is in the process of issuing an Agency Notice that will provide details for conducting background checks for approved residents. After 1-year the information in the Agency Notice will be incorporated into Agency Directive 8-5 "AFRH Admissions Program" and 10-1 "AFRH Security Program". Notice will be issued in June 2010.</p>
<p><b>C. FACILITIES ENGINEERING AND SAFETY</b></p>			

## DoD IG DRAFT REPORT – Dec 2009

Issue	IG Finding	IG Recommendation	Status Report from Home
<b>C-1. Maintenance Discrepancies</b>	Numerous Fire Hydrants are in disrepair.	The Armed Forces Retirement Home, Washington, D.C., should comply with the D.C. Fire Marshal's recommendations and the Chief of Campus Operations maintenance projections (November 2009) to replace 10 broken fire hydrants and repair 13 other identified fire hydrants.	Concur: All ten failing fire hydrants were replaced. Nine of the thirteen were repaired. The remaining four could not be repaired due to obsolescence of the hydrants. A new solicitation is on the market for replacement of the 4 hydrants. Projected completion date is May 2010.
<b>C-2. Maintenance Discrepancies</b>	The AFRH (W) water pipelines require replacement or repair.	The Armed Forces Retirement Home, Washington, D.C., should replace or repair the leaking water pipelines per the Chief of Campus Operations stated plan of action (November 2009).	Concur: Three of the original four pipeline breaks have been repaired. In addition, a final decision has been reached as to the DC and AFRH jurisdiction for the 4th break. AFRH has accepted jurisdiction and combined this repair requirement with the solicitation for the replacement of the four hydrants in section C-1. Projected completion date is May 2010.
<b>D. INFORMATION MANAGEMENT</b>			
D-1. AFRH IT Staff and Guidance Documents	None	The Armed Forces Retirement Home should review and ensure	Concur: The AFRH will follow the policies found



## DoD IG DRAFT REPORT – Dec 2009

Issue	IG Finding	IG Recommendation	Status Report from Home
		compliance with the information assurance policies as set forth in the AFRH Information Security Manual.	in the AFRH Information Security Manual to ensure that compliance is being met by the guidance in the manual.
<b>D-2.</b> AFRH IT Staff and Guidance Documents	The AFRH IT contract oversight function is inadequate to ensure compliance with the AFRH information security policy at its facilities and contractors' sites where AFRH servers and information are stored and hosted.	The Armed Forces Retirement Home should ensure compliance with established information security policy at AFRH-W, and contractors' sites where AFRH servers and information are stored and hosted	Concur: The AFRH entered into an agreement with the National Business Center (NBC), a Federal component of the Dept of Interior on 9/30/09 to provide Desktop Support and Hosting Services. Through this agreement the NBC will now host all AFRH IT services and applications in a FISMA compliant environment and will meet those requirements outlined in the AFRH Information Security Manual.
<b>E. Recreation Services (Resident Services)</b>			
<b>E-1.</b> Recreation Services	Off-site weekend recreation trips were an issue of concern noted by several residents who participated in our focus groups. Our review indicates that the majority of comments	The Armed Forces Retirement Home, Washington, D.C., should survey all residents, including LaGarde residents, to determine the demand for weekend off-site activities and	Non-concur: After surveying residents who were interested in weekend trips, an internal review was conducted to determine cost

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Issue	IG Finding	IG Recommendation	Status Report from Home
	<p>related to weekend off-site excursions were from residents of LaGarde Resident (Assisted Living and Long-Term Care) housing. Resident opinion was that weekend sponsored/chaperoned recreation trips had become very rare. In LaGarde building, a majority of the bus trips take place on Wednesdays.</p>	<p>trips. If sufficient demand exists, AFRH-W should investigate alternatives for increasing the schedule of weekend off-site activities and the supporting staff or volunteers that are required to accommodate all residents, regardless of residence category.</p>	<p>effectiveness and needed resources to support the weekend trips. A tremendous increase in budget and staff would be required to support the request from residents that make-up less than 2% of the resident population. Weekly recreation bus trips are scheduled to venues such as; shopping malls, museums, dinner theaters, local parks, music concerts, Air Force Air Shows, VFW luncheons, restaurants, and baseball games, etc. Trips are determined through monthly "Trip Meetings" with residents. Resident suggestions help determine future trips.-In lieu of the request for weekend trips by some of the residents in Assisted Living and Long-term Care, beginning in FY 2010, funding was approved for additional bus trips for the year. These trips are specifically</p>

## DoD IG DRAFT REPORT – Dec 2009

Issue	IG Finding	IG Recommendation	Status Report from Home
			for wheelchair bound residents; residents from the Assisted Living and Day Club Programs and will include evening trips to the Scott Building to participate in Independent Living special activities such as the Holiday Dance and Mardi Gras.
<b>F. HUMAN RESOURCES MANAGEMENT</b>			
<b>F-1. Employee Performance Appraisals</b>	Employee appraisals were not expeditiously completed at the end of the performance cycle and midyear progress reviews were not properly conducted.	The Armed Forces Retirement Home, Washington, D.C., should ensure recurring and timely employee performance evaluation and counseling. Emphasize to managers and supervisors, on an ongoing basis, the importance of regular performance feedback and formal progress reviews.	Concur: Mandatory training of all staff took place in August 2009. AFRH has implemented changes to its performance evaluation process to ensure progress reviews are conducted and documented. Supervisors and managers have been briefed on the process.
<b>G. CONTRACTING</b>			
<b>G-1. Outsourced Procurement</b>	AFRH COTRs did not consistently document contract quality assurance actions and surveillance per the guidance in the AFRH	The Armed Forces Retirement Home should, in conjunction with the Bureau of Public Debt,	Concur. Through collaboration with the Bureau of Public Debt,

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Issue	IG Finding	IG Recommendation	Status Report from Home
	Agency Notice 09-04 and Federal FAR 46.4.	ensure that quality assurance actions are consistently documented.	policy is being developed to ensure that quality assurance actions are consistently documented. Policy will be in place June 2010.
<b>G-2. Outsourced Procurement</b>	The requirements for COTR training in AFRH Agency Notice 09-04 are not consistent with those listed in DTAR 1001.670-2.	The Armed Forces Retirement Home should, in conjunction with the Bureau of Public Debt, develop a joint Contracting Officer Technical Representative policy that is consistent with existing directives.	Concur: AFRH is collaborating with the Bureau of Public Debt to develop policy which is consistent with existing directives for AFRH Contracting Officer Technical Representatives. AFRH will follow info contained in COTR Manual which will be referenced in the upcoming revision of AFRH Agency Notice 09-04, which will be converted to AFRH Agency Directive 3-1 one year after the issuance of the Notice. Notice is due to be issued in June 2010.
<b>H. SECURITY</b>			
<b>H-1. Jurisdiction</b>	Jurisdiction and police authority for the AFRH (W) Security Department is not adequately definitized.	The Armed Forces Retirement Home should determine appropriate jurisdiction for AFRH-W security operations	Concur: The AFRH has drafted AFRH Agency Notice 10-1 "AFRH Security Program" to

## DoD IG DRAFT REPORT – Dec 2009

Issue	IG Finding	IG Recommendation	Status Report from Home
		that involve potential law enforcement type activities and perform a comprehensive review of the current status of all AFRH-W standard operating procedures and issue formal guidance commensurate with authority allowed by public law and regulation.	establish and set forth the appropriate jurisdiction for AFRH-W security. Directive is currently being reviewed by the 11 <sup>th</sup> Wing Staff Judge Advocate (Bolling AFB) for legal sufficiency. AFRH Plans to issue the Notice in June 2010. AFRH plans to convert the Notice to an Agency Directive 1-year after the issuance of the Notice.
H-2. Physical Security	AFRH (W) does not have a current physical security study that considers ISC Physical Security Standards.	The Armed Forces Retirement Home, Washington, D.C., should conduct a thorough security assessment of the AFRH-W campus with the requisite technical and professional expertise for assessing security needs of federal facilities for non-military use. The assessment should incorporate as a factor, the legal and statutory limitation applicable to AFRH-W security personnel in the performance of their official duties.	Concur: The AFRH has drafted AFRH Agency Notice 10-1 "AFRH Security Program" to establish the methodology, policies and procedures for conducting security assessments of the AFRH-W campus. The assessment will include such factors as, the legal and statutory limitation applicable to the AFRH-W security personnel and those for any law enforcement agency that participates in this process. This Notice

## DoD IG DRAFT REPORT – Dec 2009

Issue	IG Finding	IG Recommendation	Status Report from Home
			is currently being reviewed by the 11 <sup>th</sup> Wing Staff Judge Advocate (Bolling AFB) for legal sufficiency.
<b>H-3. Security Planning/Measurement</b>	AFRH (W) has not formally established agreements with other Federal or local security or policing supporting agencies.	The Armed Forces Retirement Home, Washington, D.C., should engage other federal and local agencies and local security or policing support to enter into written support agreements.	Concur: The AFRH has drafted AFRH Agency Notice 10-1 “AFRH Security Program” which includes provisions for formal agreements between the AFRH and Federal and local security and law enforcement agencies to provide support to the AFRH. This Notice is currently being reviewed by the 11 <sup>th</sup> Wing Staff Judge Advocate (Bolling AFB) for legal sufficiency. AFRH Plans to issue the Notice in June 2010.
<b>H-4. Security Planning/Measurement</b>	AFRH (W) should develop security performance measures and implement recurring test analysis to validate effectiveness of security procedures	The Armed Forces Retirement Home, Washington, D.C., should develop security performance measures and implement recurring test analysis to validate effectiveness of security procedures.	Concur: The AFRH has drafted AFRH Agency Notice 10-1 “AFRH Security Program” which will outline the policy for establishing security performance measures and test analysis to validate

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Issue	IG Finding	IG Recommendation	Status Report from Home
			effectiveness of security procedures at the AFRH-W campus. Directive is currently being reviewed by the 11 <sup>th</sup> Wing Staff Judge Advocate (Bolling AFB) for legal sufficiency. AFRH Plans to issue the Notice in June 2010.
<b>I. MEDICAL</b>			
<b>I-1. Healthcare Services Element Assessment</b>	None	The Armed Forces Retirement Home, Washington, D.C., should assess the effect that the vacancy of the Chief of Healthcare Services position has had on Medical Executive Committee documentation and standardization deficiencies, and prioritize the necessary personnel or organizational resolution to rectify the extended vacancy.	Concur: The AFRH filled the vacancy for the Chief of Healthcare on 8 November 2009. The incumbent took on dual responsibilities as Chief of HealthCare Services and the AFRH-W Medical Director. Some of these duties were assigned to other AFRH-W providers thus enabling the incumbent to meet all the demands. AFRH has essentially combined the two positions.
<b>I-3. Resident Care/Credentialing</b>	None	The Armed Forces Retirement Home, Washington, D.C., should establish formal dental referral and coordination	Non-concur: A new dental hygienist assumed responsibilities in early January. The contract

## DoD IG DRAFT REPORT – Dec 2009

Issue	IG Finding	IG Recommendation	Status Report from Home
		affiliations through Memoranda of Understanding with local community and DoD facilities.	mobile dentistry service has been expanded to meet the demand for all AFRH-W residents, including all levels of care. In addition, a new contract will take effect September 1, 2010 to assume all dental services. All dentistry requirements will be handled by the Mobile Dentistry Service as of September 1, 2010. The Mobile Dentistry Service provides the basic dental services as prescribed by Title 24 U.S.C. Chapter 10. The service will provide licensed staff and equipment to provide the basic dental needs for residents.
I-4. Resident Care/Credentialing	None	The Armed Forces Retirement Home, Washington, D.C., should ensure that all clinical care provider group services, assessments, and activities are incorporated into Medical Executive Committee meetings and minutes.	Concur: As of November 1, 2009, monthly "Professional Staff Meetings" have taken place. These meetings include all AFRH-W Clinical Providers, the Dental Officer,



## DoD IG DRAFT REPORT – Dec 2009

Issue	IG Finding	IG Recommendation	Status Report from Home
			Optometrist, Social Workers and Nursing leadership who take part to review and discuss all sentinel events, issues, and requirements happening within Health Care. The HealthCare Administrative Specialist documents the meeting minutes. These minutes are transmitted to the AFRH-W Director, who then disseminates the information to AFRH Agency Leadership.
I-5. AFRH (W) Nursing Services	None	The Armed Forces Retirement Home, Washington, D.C., should establish a formal process for ensuring communication and coordination among activities across the Healthcare and Administrative services to ensure that required actions on risk management, incident reporting, and wheelchair movement accessibility	Concur: The AFRH-W has revised its performance improvement process to produce outcomes that improve the quality of services and incorporate elements of the risk management plan and business plan. This includes the mandated use of performance measurements to monitor, report and provide updates to the Performance Improvement and the Internal Controls

**DoD IG DRAFT REPORT – Dec 2009**

Issue	IG Finding	IG Recommendation	Status Report from Home
		are addressed.	Committees. The Home has identified team leaders across healthcare and administration critical service areas that are responsible for identifying, monitoring and reporting areas of performance improvement.

## Appendix G. Acronyms

The following is a list of acronyms used in this report:

<b>Acronyms</b>	<b>Descriptions</b>
AFIA	Air Force Inspection Agency
AFRH	Armed Forces Retirement Home
AFRH (W)	Armed Forces Retirement Home, Washington DC
AFRH (G)	Armed Forces Retirement Home, Gulfport
AAFES	Army and Air Force Exchange Service
AL	Assisted Living
AED	Automatic Emergency Defibrillator
BPD	Bureau of Public Debt
C&A	Certification and Accreditation
CNP	Certified Nurse Practitioners
CHCO	Chief Human Capital Officer
CIO	Chief Information Officer
CARF	Commission of Accreditation of Rehabilitation Facilities
CHCS	Composite Healthcare Computer System
COR	Contracting Officer Representatives
COTR	Contracting Officer Technical Representatives
CPS	Contractor Performance System
DOD IG	Department of Defense Office of the Inspector General
DTAR	Department of Treasury Acquisition Regulation
DHS	Department of Homeland Security
EEO	Equal Employment & Opportunity
FAR	Federal Acquisition Regulation
FLETC	Federal Law Enforcement Training Center
FPS	Federal Protective Service
HRLA	Health Regulation and Licensing Administration
HSPD	Homeland Security Presidential Security Directive
IG	Inspector General
SMA	Senior Medical Advisor
U.S.C.	United States Code

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## **Appendix H. Distribution**

### **Office of the Secretary of Defense**

Under Secretary of Defense (Personnel and Readiness)

Assistant Secretary of Defense (Health Affairs)

Assistant Secretary of Defense (Public Affairs)

### **Department of the Army**

Department of the Army Inspector General

### **Department of the Navy**

Naval Inspector General

### **Department of the Air Force**

Inspector General, Department of the Air Force

Air Force Inspection Agency

### **Congressional Committees and Subcommittees, Chairman and Ranking Minority Member**

Senate Subcommittee on Defense, Committee on Appropriations

Senate Committee on Armed Services

Senate Committee on Homeland Security and Governmental Affairs

House Subcommittee on Defense, Committee on Appropriations

House Committee on Armed Services

House Committee on Oversight and Government Reform

### **TRICARE Management Activity**

Deputy Director, TRICARE Management Activity

### **Armed Forces Retirement Home**

Armed Forces Retirement Home, Washington, DC

### **Chairman, Local Board of Trustees Armed Forces Retirement Home Washington DC**

C/o Commanding General-North Atlantic Medical Command; Walter Reed Army Medical Center

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## General Information

Forward questions or comments concerning this report and other activities conducted by the Inspections & Evaluations Directorate to:

Inspections & Evaluations Directorate  
Office of the Deputy Inspector General for Policy and Oversight  
Department of Defense Office of Inspector General  
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